

07/01/2016 - 09/30/2016

Sum of auth_count Row Labels	Column Labels		
	Approval	Disapproval	Grand Total
Advanced Practice Registered Nurse	312	131	443
70450 CT BRAIN, HEAD	23	3	26
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	2		2
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	2	2	4
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	30	7	37
71250 CT CHEST, THORAX	19	4	23
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	2		2
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	5	1	6
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	1		1
72131 CT LUMBAR SPINE, LOW BACK	5	3	8
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	18	18	36
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	3	18	21
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	76	39	115
73200 CT ARM OR UPPER EXTREMITY	2	1	3
73221 MRI JOINT OF UPPER EXTREMITY	15	10	25
73700 CT LEG OR LOWER EXTREMITY	4		4
73706 CT ANGIOGRAPHY LOWER EXTREMITY	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	18	12	30
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	3	2	5
74150 CT ABDOMEN WITHOUT CONTRAST	6	1	7
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	65	7	72
77058 MRI breast,without and/or with contrast material(s);unilateral	1		1
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	2	2	4
78813 PET IMAGING WHOLE BODY	2		2
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	2		2
Allergy & Immunology	7	1	8
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	7	1	8
Anesthesiology	323	100	423
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		1	1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1	3	4
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	3	1	4
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST		1	1
72131 CT LUMBAR SPINE, LOW BACK	14	3	17
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	70	33	103
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	17	7	24
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	189	41	230
72192 CT PELVIS WITHOUT CONTRAST		2	2
72196 MRI PELVIS	1	1	2
73221 MRI JOINT OF UPPER EXTREMITY	17		17
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	6	2	8
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	4	4	8
74150 CT ABDOMEN WITHOUT CONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST		1	1
Cardiac Surgery	75	5	80
70450 CT BRAIN, HEAD	1		1
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	8		8
70547 Mr angiography neck w/o dye	1		1
71250 CT CHEST, THORAX	23	1	24
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	12		12
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		2	2
73700 CT LEG OR LOWER EXTREMITY	1		1
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	10		10
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	1	1	2
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	9		9
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	5		5
78813 PET IMAGING WHOLE BODY	1		1

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	2	1	3
Cardiology	1974	173	2147
70450 CT BRAIN, HEAD	9	2	11
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	1		1
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	4	1	5
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	28	1	29
70540 MRI ORBIT/FACE/NECK W/O DYE	2		2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2		2
71250 CT CHEST, THORAX	19	3	22
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	66	5	71
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST		1	1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1	2	3
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	4		4
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	5		5
72198 MRA , MRI PELVIS ANGIOGRAPHY WITH/WITHOUT CONTRAST		1	1
73706 CT ANGIOGRAPHY LOWER EXTREMITY	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	2	1	3
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	16	1	17
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	14	3	17
74176 CT ABD & PELVIS W/O CONTRAST	4	2	6
74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	3		3
75557 Cardiac MRI Morph & structure w/o contrast	18	3	21
75571 Coronary Artery Calcium Score, EBCT		2	2
75572 CT Heart	15	1	16
75573 CT Heart Congenital Study	1		1
75574 CT Angiography Heart coronary arteries, CCTA	61	10	71
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	56	3	59
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1276	80	1356
78459 Myocardial imaging, PET	1		1
78472 CARDIAC OR HEART BLOOD POOL IMAGING	6		6
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	272	45	317
93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	5	2	7
93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	82	4	86

Chiropractic Medicine	132	17	149
70450 CT BRAIN, HEAD	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2	1	3
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	1	1	2
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	33	2	35
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	5		5
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	68	6	74
72196 MRI PELVIS	3	2	5
73221 MRI JOINT OF UPPER EXTREMITY	6	3	9
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	2	3
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	1		1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	1		1
93350 ECHO TTHRC R-T 2D ->M-MODE COMPLETE REST&STRS	1		1
Colon & Rectal Surgery	26	1	27
71250 CT CHEST, THORAX	6		6
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST		1	1
72196 MRI PELVIS	5		5
74176 CT ABD & PELVIS W/O CONTRAST	15		15
Dermatology	4		4
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
71250 CT CHEST, THORAX	1		1
74176 CT ABD & PELVIS W/O CONTRAST	1		1
78813 PET IMAGING WHOLE BODY	1		1
Doctors and Rehabilitation	227	77	304
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1	3	4
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	4	3	7
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	1	1	2
72131 CT LUMBAR SPINE, LOW BACK	15		15
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	48	22	70
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	13	9	22
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	117	26	143
72196 MRI PELVIS	5	1	6

73200 CT ARM OR UPPER EXTREMITY	1		1
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	1		1
73221 MRI JOINT OF UPPER EXTREMITY	10	3	13
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	8	5	13
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	3	4	7
Emergency Medicine	96	21	117
70450 CT BRAIN, HEAD	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
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	8	1	9
70554 Functional MRI Brain		1	1
71250 CT CHEST, THORAX	4		4
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	2		2
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	1	1	2
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	7	4	11
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	3	1	4
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	16	4	20
72196 MRI PELVIS	1		1
73200 CT ARM OR UPPER EXTREMITY	1		1
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	1		1
73221 MRI JOINT OF UPPER EXTREMITY	2		2
73700 CT LEG OR LOWER EXTREMITY	2		2
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	8	2	10
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	1		1
74176 CT ABD & PELVIS W/O CONTRAST	20	3	23
74181 MRI ABDOMEN	1		1
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	6	3	9
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
Endocrinology	59	7	66
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	7		7

70540 MRI ORBIT/FACE/NECK W/O DYE	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	32		32
71250 CT CHEST, THORAX	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	2
74150 CT ABDOMEN WITHOUT CONTRAST	7	1	8
74176 CT ABD & PELVIS W/O CONTRAST	6	1	7
74181 MRI ABDOMEN	2		2
74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	1		1
77058 MRI breast,without and/or with contrast material(s);unilateral		1	1
Gastroenterology	493	65	558
70450 CT BRAIN, HEAD	3	2	5
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	2		2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2		2
71250 CT CHEST, THORAX	27	1	28
72192 CT PELVIS WITHOUT CONTRAST	2		2
72196 MRI PELVIS	6	2	8
74150 CT ABDOMEN WITHOUT CONTRAST	64	7	71
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	3	1	4
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	4		4
74176 CT ABD & PELVIS W/O CONTRAST	256	31	287
74181 MRI ABDOMEN	86	5	91
74261 CT Colonography, diagnostic without contrast	5	2	7
74263 CT Colonography, screening		1	1
75571 Coronary Artery Calcium Score, EBCT	2	3	5
78813 PET IMAGING WHOLE BODY		1	1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		1	1
93350 ECHO TTHRC R-T 2D ->M-MODE COMPLETE REST&STRS	1		1
S8037 mrcp	30	8	38
General/Family Practice	7429	1906	9335
70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT	1	1	2
70450 CT BRAIN, HEAD	388	130	518

70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	5	1	6
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	81	21	102
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	104	9	113
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	10	5	15
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	13	3	16
70540 MRI ORBIT/FACE/NECK W/O DYE	17	18	35
70544 Mr angiography head w/o dye	18	10	28
70547 Mr angiography neck w/o dye	4		4
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	785	95	880
71250 CT CHEST, THORAX	549	71	620
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	49	6	55
71550 MRI CHEST	3	8	11
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	30	34	64
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	14	13	27
72131 CT LUMBAR SPINE, LOW BACK	74	24	98
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	631	231	862
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	139	113	252
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1501	469	1970
72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST		2	2
72192 CT PELVIS WITHOUT CONTRAST	22	7	29
72196 MRI PELVIS	29	22	51
73200 CT ARM OR UPPER EXTREMITY	38	5	43
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	24	2	26
73221 MRI JOINT OF UPPER EXTREMITY	391	128	519
73700 CT LEG OR LOWER EXTREMITY	43	9	52
73706 CT ANGIOGRAPHY LOWER EXTREMITY	11	1	12
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	642	120	762
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	80	40	120
73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST		1	1
74150 CT ABDOMEN WITHOUT CONTRAST	186	41	227
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	8	3	11
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	12	4	16
74176 CT ABD & PELVIS W/O CONTRAST	1277	185	1462

74181 MRI ABDOMEN	49	4	53
75557 Cardiac MRI Morph & structure w/o contrast	1		1
75571 Coronary Artery Calcium Score, EBCT	1		1
75574 CT Angiography Heart coronary arteries, CCTA	3	3	6
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	18	3	21
77058 MRI breast,without and/or with contrast material(s);unilateral	28	2	30
77078 CT bone mineral density study, 1 or more sites; axial skeleton	2		2
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	65	47	112
78813 PET IMAGING WHOLE BODY	10	3	13
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	10	2	12
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	33	6	39
93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS	5	2	7
S8032 Low-dose Computed Tomography For Lung Cancer Screening	19	2	21
S8037 mrcp	6		6
Geriatrics	5	2	7
70450 CT BRAIN, HEAD		1	1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	3		3
73221 MRI JOINT OF UPPER EXTREMITY		1	1
74176 CT ABD & PELVIS W/O CONTRAST	1		1
Gynecologic Oncology	40	2	42
70450 CT BRAIN, HEAD	2		2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
71250 CT CHEST, THORAX	8	1	9
72192 CT PELVIS WITHOUT CONTRAST	1		1
72196 MRI PELVIS	1		1
74176 CT ABD & PELVIS W/O CONTRAST	19	1	20
78813 PET IMAGING WHOLE BODY	5		5
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	3		3
Hematologist/Oncologist	2693	246	2939
70450 CT BRAIN, HEAD	127	8	135
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	3		3
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	76	7	83

70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	1		1
70540 MRI ORBIT/FACE/NECK W/O DYE	16		16
70544 Mr angiography head w/o dye	3		3
70547 Mr angiography neck w/o dye	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	141	5	146
71250 CT CHEST, THORAX	773	58	831
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	11		11
71550 MRI CHEST	13	3	16
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	30	4	34
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	44	3	47
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	58	4	62
72196 MRI PELVIS	41	4	45
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	31		31
73221 MRI JOINT OF UPPER EXTREMITY	14		14
73700 CT LEG OR LOWER EXTREMITY	4		4
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	15	3	18
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	9	1	10
74150 CT ABDOMEN WITHOUT CONTRAST	32	1	33
74176 CT ABD & PELVIS W/O CONTRAST	706	52	758
74181 MRI ABDOMEN	40	1	41
75557 Cardiac MRI Morph & structure w/o contrast	1		1
75574 CT Angiography Heart coronary arteries, CCTA	1		1
76390 Mr spectroscopy	1		1
77058 MRI breast,without and/or with contrast material(s);unilateral	14	3	17
77078 CT bone mineral density study, 1 or more sites; axial skeleton	1		1
77084 Magnetic resonance imaging, bone marrow blood supply	23	2	25
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1		1
78472 CARDIAC OR HEART BLOOD POOL IMAGING	37	1	38
78813 PET IMAGING WHOLE BODY	62	14	76
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	357	70	427
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	3	2	5
93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	1		1

S8032 Low-dose Computed Tomography For Lung Cancer Screening	1		1
Hospital	2		2
70450 CT BRAIN, HEAD	1		1
74176 CT ABD & PELVIS W/O CONTRAST	1		1
Industrial Medicine	1		1
78813 PET IMAGING WHOLE BODY	1		1
Infectious Diseases	17	2	19
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
71250 CT CHEST, THORAX	4	1	5
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1		1
72196 MRI PELVIS	2		2
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	1		1
73700 CT LEG OR LOWER EXTREMITY	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	1		1
74150 CT ABDOMEN WITHOUT CONTRAST		1	1
74176 CT ABD & PELVIS W/O CONTRAST	4		4
74181 MRI ABDOMEN	1		1
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1		1
Internal Medicine	1418	326	1744
70450 CT BRAIN, HEAD	61	12	73
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	24	4	28
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	13	3	16
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	2	1	3
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	5	1	6
70540 MRI ORBIT/FACE/NECK W/O DYE	4	7	11
70544 Mr angiography head w/o dye	8	1	9
70547 Mr angiography neck w/o dye	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	133	20	153
71250 CT CHEST, THORAX	139	14	153
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	19		19
71555 MRA, MRI ANGIOGRAPHY CHEST[NOT MYOCARDIUM] WITH/WITHOUT CONTRAST	1		1
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	8	3	11
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	1	3	4

72131 CT LUMBAR SPINE, LOW BACK	11	3	14
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	110	49	159
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	24	28	52
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	247	80	327
72192 CT PELVIS WITHOUT CONTRAST	2	2	4
72196 MRI PELVIS	5	3	8
73200 CT ARM OR UPPER EXTREMITY	3	1	4
73206 CT ANGIOGRAPHY UPPER EXTREMITY	1		1
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	4		4
73221 MRI JOINT OF UPPER EXTREMITY	68	10	78
73700 CT LEG OR LOWER EXTREMITY	5	1	6
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	83	17	100
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	13	3	16
74150 CT ABDOMEN WITHOUT CONTRAST	40	7	47
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	4	3	7
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	5		5
74176 CT ABD & PELVIS W/O CONTRAST	247	27	274
74181 MRI ABDOMEN	19	4	23
74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	2		2
75557 Cardiac MRI Morph & structure w/o contrast	1		1
75572 CT Heart	5		5
75574 CT Angiography Heart coronary arteries, CCTA	2		2
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	7	2	9
77084 Magnetic resonance imaging, bone marrow blood supply	2		2
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	43	16	59
78813 PET IMAGING WHOLE BODY	3		3
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	15		15
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	14	1	15
93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	1		1
S8032 Low-dose Computed Tomography For Lung Cancer Screening	9		9
S8037 mrcp	2		2
Interventional Radiologists	7		7

70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	1		1
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	1		1
70544 Mr angiography head w/o dye	1		1
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
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	1		1
Nephrology	29	11	40
70450 CT BRAIN, HEAD	1	1	2
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		1	1
70544 Mr angiography head w/o dye	2	1	3
70547 Mr angiography neck w/o dye		1	1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2		2
71250 CT CHEST, THORAX		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
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	2		2
73221 MRI JOINT OF UPPER EXTREMITY		2	2
74150 CT ABDOMEN WITHOUT CONTRAST	2		2
74176 CT ABD & PELVIS W/O CONTRAST	17	1	18
Neurological Surgery	1271	165	1436
0042T Ct perfusion w/contrast, cbf	1		1
70450 CT BRAIN, HEAD	59	5	64
70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	2		2
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	1	1	2
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	31	1	32
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	8	4	12
70540 MRI ORBIT/FACE/NECK W/O DYE	2		2
70544 Mr angiography head w/o dye	6	2	8
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	210	11	221

71250 CT CHEST, THORAX	3		3
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	1		1
71550 MRI CHEST	1		1
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	66	6	72
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	17	3	20
72131 CT LUMBAR SPINE, LOW BACK	120	3	123
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	271	46	317
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	69	20	89
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	366	53	419
72192 CT PELVIS WITHOUT CONTRAST	1		1
72196 MRI PELVIS	8	2	10
73200 CT ARM OR UPPER EXTREMITY	1		1
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT		1	1
73221 MRI JOINT OF UPPER EXTREMITY	8	3	11
73700 CT LEG OR LOWER EXTREMITY	3		3
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	10	1	11
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
76390 Mr spectroscopy	1		1
77058 MRI breast,without and/or with contrast material(s);unilateral		1	1
78813 PET IMAGING WHOLE BODY	1		1
Neurology	1321	181	1502
70450 CT BRAIN, HEAD	40	2	42
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	3		3
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	1		1
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	37	14	51
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	23	10	33
70540 MRI ORBIT/FACE/NECK W/O DYE	9	5	14
70544 Mr angiography head w/o dye	40	17	57
70547 Mr angiography neck w/o dye	10	4	14
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	730	24	754
70554 Functional MRI Brain		1	1

71250 CT CHEST, THORAX	4	1	5
71550 MRI CHEST	2		2
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	4	2	6
72131 CT LUMBAR SPINE, LOW BACK	2	1	3
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	225	45	270
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	62	16	78
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	114	26	140
72192 CT PELVIS WITHOUT CONTRAST		3	3
72196 MRI PELVIS	2		2
73221 MRI JOINT OF UPPER EXTREMITY	2	2	4
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		1	1
74150 CT ABDOMEN WITHOUT CONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	3		3
76390 Mr spectroscopy		2	2
78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	3	4	7
78813 PET IMAGING WHOLE BODY		1	1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	1		1
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	2		2
OB/Gynecology	179	38	217
70450 CT BRAIN, HEAD	3	1	4
70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	1		1
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	1		1
70544 Mr angiography head w/o dye	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	10	3	13
71250 CT CHEST, THORAX	10	3	13
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		1	1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1	1
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		1	1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		2	2
72192 CT PELVIS WITHOUT CONTRAST	10	1	11
72196 MRI PELVIS	23	1	24
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	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	80	21	101
74181 MRI ABDOMEN	3	1	4
74712 Fetal MRI	1		1
77058 MRI breast,without and/or with contrast material(s);unilateral	26	1	27
78813 PET IMAGING WHOLE BODY	4		4
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	1		1
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	2		2
Obstetrics & Gynecology	5	1	6
72196 MRI PELVIS	3		3
74176 CT ABD & PELVIS W/O CONTRAST	1	1	2
77058 MRI breast,without and/or with contrast material(s);unilateral	1		1
Occupational Medicine	1	2	3
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1	1
73200 CT ARM OR UPPER EXTREMITY		1	1
Oncology	45		45
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	1		1
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	2		2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	5		5
71250 CT CHEST, THORAX	10		10
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	2		2
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	3		3
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	2		2
74150 CT ABDOMEN WITHOUT CONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	8		8
76390 Mr spectroscopy	2		2
77058 MRI breast,without and/or with contrast material(s);unilateral	3		3
78472 CARDIAC OR HEART BLOOD POOL IMAGING	1		1
78813 PET IMAGING WHOLE BODY	1		1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	4		4

Ophthalmology	96	17	113
70450 CT BRAIN, HEAD	1		1
70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	12		12
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	3		3
70540 MRI ORBIT/FACE/NECK W/O DYE	24	10	34
70544 Mr angiography head w/o dye	7		7
70547 Mr angiography neck w/o dye	1	1	2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	46	6	52
71250 CT CHEST, THORAX	1		1
72196 MRI PELVIS	1		1
Oral/Maxillofacial	1		1
73706 CT ANGIOGRAPHY LOWER EXTREMITY	1		1
Orthopedics	3319	197	3516
70450 CT BRAIN, HEAD	2		2
70540 MRI ORBIT/FACE/NECK W/O DYE	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	3	3	6
71250 CT CHEST, THORAX	7	2	9
71550 MRI CHEST	3		3
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	17	5	22
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	8	1	9
72131 CT LUMBAR SPINE, LOW BACK	43	3	46
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	243	35	278
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	30	11	41
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	381	48	429
72192 CT PELVIS WITHOUT CONTRAST	9		9
72196 MRI PELVIS	34	5	39
73200 CT ARM OR UPPER EXTREMITY	73	6	79
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	54		54
73221 MRI JOINT OF UPPER EXTREMITY	849	13	862
73225 MRA, MRI ANGIOGRAPHY UPPER EXTREMITY WITH/WITHOUT CONTRAST		1	1
73700 CT LEG OR LOWER EXTREMITY	84	3	87
73706 CT ANGIOGRAPHY LOWER EXTREMITY	1	1	2
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	1342	53	1395

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	132	7	139
74176 CT ABD & PELVIS W/O CONTRAST	1		1
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	1		1
78813 PET IMAGING WHOLE BODY	1		1
Other	45	12	57
70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT	1		1
70450 CT BRAIN, HEAD	5	1	6
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	2	4	6
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	2		2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2		2
71250 CT CHEST, THORAX	3		3
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	4	1	5
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	1	1	2
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	8	1	9
72192 CT PELVIS WITHOUT CONTRAST	1		1
73200 CT ARM OR UPPER EXTREMITY		2	2
73221 MRI JOINT OF UPPER EXTREMITY	3	1	4
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	3		3
74150 CT ABDOMEN WITHOUT CONTRAST	2		2
74176 CT ABD & PELVIS W/O CONTRAST	5	1	6
74712 Fetal MRI	1		1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	1		1
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	1		1
Otolaryngology	736	36	772
70450 CT BRAIN, HEAD	2	2	4
70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	68	1	69
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	333	13	346
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	139	2	141
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	3	2	5
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	2		2
70540 MRI ORBIT/FACE/NECK W/O DYE	12	1	13
70544 Mr angiography head w/o dye	4	1	5
70547 Mr angiography neck w/o dye	2		2

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	142	4	146
71250 CT CHEST, THORAX	14	5	19
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		2	2
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		1	1
72159 MRA, MRI ANGIOGRAPHY SPINAL CANAL & CONTENTS WITH / WITHOUT CONTRAST		1	1
78813 PET IMAGING WHOLE BODY	5	1	6
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	10		10
Pediatric Oncology	17		17
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2		2
71250 CT CHEST, THORAX	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	1		1
73221 MRI JOINT OF UPPER EXTREMITY	4		4
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	5		5
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	2		2
Pediatrics	163	36	199
70450 CT BRAIN, HEAD	15	2	17
70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	1		1
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	4	2	6
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	6		6
70540 MRI ORBIT/FACE/NECK W/O DYE	1		1
70544 Mr angiography head w/o dye	1	1	2
70547 Mr angiography neck w/o dye	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	36	2	38
71250 CT CHEST, THORAX	11		11
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	1		1
71550 MRI CHEST	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	4	2	6
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	6	4	10
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	16	9	25

72192 CT PELVIS WITHOUT CONTRAST	3		3
72196 MRI PELVIS	2	1	3
73221 MRI JOINT OF UPPER EXTREMITY	2	1	3
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	19	2	21
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	1	5	6
74176 CT ABD & PELVIS W/O CONTRAST	21	1	22
74181 MRI ABDOMEN	1		1
74712 Fetal MRI	2		2
75557 Cardiac MRI Morph & structure w/o contrast	4		4
75573 CT Heart Congenital Study	1		1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	3	2	5
Physical Medicine	4		4
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	2		2
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	1		1
Plastic Surgery	15	1	16
70450 CT BRAIN, HEAD	1		1
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	3		3
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	1		1
71250 CT CHEST, THORAX	1		1
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1		1
72196 MRI PELVIS	1		1
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	3		3
77058 MRI breast,without and/or with contrast material(s);unilateral	2	1	3
Podiatry	170	10	180
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	2		2
73700 CT LEG OR LOWER EXTREMITY	10		10
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	158	10	168
Psychiatry	8		8
70450 CT BRAIN, HEAD	2		2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2		2

71250 CT CHEST, THORAX	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
74176 CT ABD & PELVIS W/O CONTRAST	1		1
Pulmonary Medicine	415	27	442
70450 CT BRAIN, HEAD	2		2
70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST	4		4
70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST	6		6
70540 MRI ORBIT/FACE/NECK W/O DYE	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2		2
71250 CT CHEST, THORAX	352	24	376
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	11		11
71550 MRI CHEST	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	2		2
74176 CT ABD & PELVIS W/O CONTRAST	2		2
74181 MRI ABDOMEN	3		3
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	2		2
78472 CARDIAC OR HEART BLOOD POOL IMAGING	1		1
78813 PET IMAGING WHOLE BODY	5		5
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	11	1	12
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	3	1	4
S8032 Low-dose Computed Tomography For Lung Cancer Screening	7	1	8
Radiation Oncology	106	5	111
70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST	7		7
70540 MRI ORBIT/FACE/NECK W/O DYE	1		1
70544 Mr angiography head w/o dye	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	32	1	33
71250 CT CHEST, THORAX	12	2	14
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1		1
72192 CT PELVIS WITHOUT CONTRAST	2		2
72196 MRI PELVIS	3		3
74150 CT ABDOMEN WITHOUT CONTRAST	1		1

74176 CT ABD & PELVIS W/O CONTRAST	8		8
74181 MRI ABDOMEN	1		1
77058 MRI breast,without and/or with contrast material(s);unilateral	3		3
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	33	2	35
Radiology	39	11	50
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	2		2
70540 MRI ORBIT/FACE/NECK W/O DYE	1		1
70544 Mr angiography head w/o dye	3	2	5
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2	3	5
71250 CT CHEST, THORAX	2		2
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	2		2
72196 MRI PELVIS	2		2
73221 MRI JOINT OF UPPER EXTREMITY		1	1
74150 CT ABDOMEN WITHOUT CONTRAST	9		9
74176 CT ABD & PELVIS W/O CONTRAST	4		4
74181 MRI ABDOMEN	5	2	7
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	1		1
S8032 Low-dose Computed Tomography For Lung Cancer Screening	5	3	8
Rehabilitations	3	4	7
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	1	2	3
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	2	2	4
Rheumatology	190	23	213
70450 CT BRAIN, HEAD	1		1
70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	1		1
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	1		1
70544 Mr angiography head w/o dye		1	1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	4		4
71250 CT CHEST, THORAX	14	2	16
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	1		1
72131 CT LUMBAR SPINE, LOW BACK	2		2
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	16	3	19
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	2	4	6

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	34	1	35
72192 CT PELVIS WITHOUT CONTRAST	2		2
72196 MRI PELVIS	21		21
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	33	2	35
73221 MRI JOINT OF UPPER EXTREMITY	23	3	26
73700 CT LEG OR LOWER EXTREMITY	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	26	5	31
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	5	2	7
74150 CT ABDOMEN WITHOUT CONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	1		1
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	1		1
Sports Medicine	34	2	36
70450 CT BRAIN, HEAD	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
71250 CT CHEST, THORAX	1		1
71550 MRI CHEST	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	5		5
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	4		4
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	11	1	12
73200 CT ARM OR UPPER EXTREMITY	1		1
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	1		1
73221 MRI JOINT OF UPPER EXTREMITY	3		3
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	2		2
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	2	1	3
74176 CT ABD & PELVIS W/O CONTRAST	1		1
Surgery	515	51	566
70450 CT BRAIN, HEAD	6	1	7
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		3
70540 MRI ORBIT/FACE/NECK W/O DYE	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1	2	3
71250 CT CHEST, THORAX	38	3	41

71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	2		2
71550 MRI CHEST	3		3
72131 CT LUMBAR SPINE, LOW BACK	2		2
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	7	2	9
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	2		2
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	11	4	15
72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	1		1
72192 CT PELVIS WITHOUT CONTRAST	11	1	12
72196 MRI PELVIS	6		6
73200 CT ARM OR UPPER EXTREMITY	12		12
73206 CT ANGIOGRAPHY UPPER EXTREMITY		1	1
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	20	1	21
73221 MRI JOINT OF UPPER EXTREMITY	39	3	42
73700 CT LEG OR LOWER EXTREMITY	4		4
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	13	1	14
74150 CT ABDOMEN WITHOUT CONTRAST	21	2	23
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	219	20	239
74181 MRI ABDOMEN	24		24
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	34	6	40
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	2		2
78813 PET IMAGING WHOLE BODY	1		1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	7	1	8
S8037 mrcp	2		2
Surgical Oncology	33		33
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
71250 CT CHEST, THORAX	9		9
71550 MRI CHEST	1		1
72196 MRI PELVIS	1		1
73200 CT ARM OR UPPER EXTREMITY	1		1

73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	1		1
73700 CT LEG OR LOWER EXTREMITY	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	4		4
74176 CT ABD & PELVIS W/O CONTRAST	4		4
77058 MRI breast,without and/or with contrast material(s);unilateral	6		6
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	4		4
Thoracic Surgery	34	3	37
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	2		2
71250 CT CHEST, THORAX	15		15
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	2		2
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1	1	2
73200 CT ARM OR UPPER EXTREMITY	1		1
73206 CT ANGIOGRAPHY UPPER EXTREMITY		1	1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	1		1
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	2		2
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	4	1	5
78813 PET IMAGING WHOLE BODY	1		1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	3		3
Unknown	569	114	683
70450 CT BRAIN, HEAD	19	6	25
70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	1		1
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	21	5	26
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	13	2	15
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	2		2
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	1		1
70540 MRI ORBIT/FACE/NECK W/O DYE	2	1	3
70544 Mr angiography head w/o dye	4	1	5
70547 Mr angiography neck w/o dye	1	1	2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	35	9	44
71250 CT CHEST, THORAX	35	10	45
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	4	1	5

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	4		4
72131 CT LUMBAR SPINE, LOW BACK	6		6
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	39	11	50
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	19	4	23
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	82	24	106
72192 CT PELVIS WITHOUT CONTRAST	2		2
72196 MRI PELVIS	11	1	12
73200 CT ARM OR UPPER EXTREMITY	2		2
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	2	2	4
73221 MRI JOINT OF UPPER EXTREMITY	45	9	54
73700 CT LEG OR LOWER EXTREMITY	4		4
73706 CT ANGIOGRAPHY LOWER EXTREMITY	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	70	7	77
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	8	4	12
74150 CT ABDOMEN WITHOUT CONTRAST	9	1	10
74176 CT ABD & PELVIS W/O CONTRAST	75	6	81
74181 MRI ABDOMEN	5		5
75557 Cardiac MRI Morph & structure w/o contrast	1		1
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	1		1
77084 Magnetic resonance imaging, bone marrow blood supply	2		2
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	10	5	15
78472 CARDIAC OR HEART BLOOD POOL IMAGING	1		1
78813 PET IMAGING WHOLE BODY	2		2
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	9	1	10
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	10	1	11
93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	1		1
93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	3	1	4
S8032 Low-dose Computed Tomography For Lung Cancer Screening	3		3
Urology	846	47	893
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	1		1

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1	2	3
71250 CT CHEST, THORAX	35	1	36
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	1		1
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	6	5	11
72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	1		1
72192 CT PELVIS WITHOUT CONTRAST	8		8
72196 MRI PELVIS	54	1	55
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	31	1	32
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	3		3
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	673	31	704
74181 MRI ABDOMEN	20	1	21
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING		1	1
77084 Magnetic resonance imaging, bone marrow blood supply	1		1
78813 PET IMAGING WHOLE BODY	2		2
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	3	4	7
Vascular Surgery	59	5	64
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	3		3
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	9	1	10
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
71250 CT CHEST, THORAX	1	2	3
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	6		6
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1		1
72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST		1	1
72198 MRA , MRI PELVIS ANGIOGRAPHY WITH/WITHOUT CONTRAST	1		1
73206 CT ANGIOGRAPHY UPPER EXTREMITY	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	2		2
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	10		10
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	4		4
74176 CT ABD & PELVIS W/O CONTRAST	8	1	9

74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	1		1
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	10		10
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	1		1
Grand Total	25608	4081	29689

spec_name	min_outcome	diag_proc	reason_for_denial	indication_offered	auth_count
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; 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	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
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD		; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.;	1
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD		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 sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD		Nausea; 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	Approval	70450 CT BRAIN, HEAD	NONE; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD	None; 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
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.	3
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.	9
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.	3
Advanced Practice Registered Nurse	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
Advanced Practice Registered Nurse	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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

Advanced Practice Registered Nurse	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	1
Advanced Practice Registered Nurse	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Pt has lad of the left cervical region; 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
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.	1
Advanced Practice Registered Nurse	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
Advanced Practice Registered Nurse	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.; 5/12/16; There has been treatment or conservative therapy.; Pt suffers with headaches; facial pain and facial numbness.; medication	1

Advanced Practice Registered Nurse	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
Advanced Practice Registered Nurse	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

Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	nausea and vomiting; photo sensitive; sees sparkles when she closes her eyes; some memory loss; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; 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
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient with multiple sclerosis for MRI studies being done prior to seeing neurologist; This study is being ordered for a neurological disorder.; 2009; There has been treatment or conservative therapy.; patient with multiple sclerosis for tests to be done prior to seeing neurologist; medications; seeing neurologist in Little rock	1
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Progressive worsening of tremors. The problem occurs constantly. Exacerbated by seems to be with movemnets more than at rest but not really sure. Nothing relieves the symptoms.; 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

Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt is having facial swelling when she is having 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
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.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	1
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	8

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.	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 sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	9
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	3
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; 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	71250 CT CHEST, THORAX		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.	7
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; 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	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	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 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
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	Difficulty swallowing.; This study is 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 not been any treatment or conservative therapy.; Patient is experiencing chronic constipation.	1

Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	It is not known if there is radiologic evidence of non-resolving pneumonia.; It is not known if there is radiologic evidence of asbestosis.; New patient, history of COPD, bronchitis, unexplained weight loss, and history of smoking.; "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.	1
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	small area of pneumonia 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
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	SOB at rest; A Chest/Thorax 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

Approval

71250 CT CHEST,
THORAX

There is no radiologic evidence of non-resolving pneumonia.; It is not known if there is 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."; "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.

1

Advanced Practice
Registered Nurse

Approval

71250 CT CHEST,
THORAX

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Pt's xray shows Right midlung opacification is again seen which is not significantly changed compared to the prior study and is indeterminate. CT of the chest is recommended for further evaluation; "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	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	Ultrasound showed multiple swollen lymph nodes. Need a Ct scan to give a better image; 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
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	multiple cervical spine Fx s; 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
Advanced Practice Registered Nurse	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	1
Advanced Practice Registered Nurse	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1

Advanced Practice Registered Nurse	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Thyroid problems, swollen glands, dizziness, nausea, fatigue, ear pain, Abnormalities in neck, tenderness;; 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	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; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Advanced Practice Registered Nurse	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	L side numbness and tingling and pain. Weakness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1-29-2008; There has been treatment or conservative therapy.; Pt experiencing parathesia, pain, numbness and tingling. Weakness and flank pain as well, no incontinence for stool or urine.; Stimulator and RX	1
Advanced Practice Registered Nurse	Approval	72131 CT LUMBAR SPINE, LOW BACK	L side numbness and tingling and pain. Weakness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1-29-2008; There has been treatment or conservative therapy.; Pt experiencing parathesia, pain, numbness and tingling. Weakness and flank pain as well, no incontinence for stool or urine.; Stimulator and RX	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.	3
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.	1
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	1
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; 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; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	8
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	2
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised 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; 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
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; C/O neck pain X2months. negative xray, 6 weeks of PT, no improvement. c/o pain in neck to both shoulders and both arms. also c/o numbness,tingling,and weakness in Left arm; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Advanced Practice Registered Nurse	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.; 4/15/16; There has been treatment or conservative therapy.; Pt is a mechanic when he reaches up hehas radicular pain going down into his arms and hands and legs that is described as sharp pain whether he is looking up or down; stretching exercise and PT and chiropractor	1
Advanced Practice Registered Nurse	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; clicking noise in knee, its unstable, bulging disc in thoracic spine region; lycra	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.; 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

Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; numbness on inside of 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
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Advanced Practice Registered Nurse	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	Acute midline low back pain after motorcycle fell over on him 8/4/16. Abnormal lumbar spine xray, possible compression fracture; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1

Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	patient with multiple sclerosis for MRI studies being done prior to seeing neurologist; This study is being ordered for a neurological disorder.; 2009; There has been treatment or conservative therapy.; patient with multiple sclerosis for tests to be done prior to seeing neurologist; medications; seeing neurologist in Little rock	1
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Advanced Practice Registered Nurse	Approval	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	44
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	9
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 completed Treatment with a facet joint or epidural injection in the past 6 weeks	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 Neurological deficit(s)	12
Advanced Practice Registered Nurse	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.; 4/15/16; There has been treatment or conservative therapy.; Pt is a mechanic when he reaches up hehas radicular pain going down into his arms and hands and legs that is described as sharp pain whether he is looking up or down; stretching exercise and PT and chiropractor	1
Advanced Practice Registered Nurse	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	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 a preoperative or recent postoperative evaluation.	1
Advanced Practice Registered Nurse	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
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.";	1

Advanced Practice Registered Nurse	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; < Enter answer here - or Type In Unknown If No Info Given. >	3
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."; deep pain in left shoulder, range of motions hurts, joint pains.	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.	2
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 not completed and failed a course of conservative treatment of at least 4 weeks.; injury occurred from sports; used cold paks but shoulder still aches	1
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 results of the plain films is not known.; The patient is experiencing joint locking or instability.	1

Advanced Practice Registered Nurse	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Advanced Practice Registered Nurse	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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
Advanced Practice Registered Nurse	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does 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

Advanced Practice Registered Nurse	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
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 no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.	1
Advanced Practice Registered Nurse	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.	1

Advanced Practice Registered Nurse	Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Yes, this is a request for CT Angiography of the lower extremity.	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Friday night the patient bent down and it buckled and popped and can barely walk on it now; 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
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient has taken anti- inflammatory medication; 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
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Pt has ulcer on left 4th toe; wants to r/o osteomyelitis; This is a request for a foot MRI.; It is not known if surgery is planned for in the next 4 weeks.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	1

Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	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.; Non-acute Chronic Pain; Instability	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; 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.; 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.; 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
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; 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
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; 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
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	2
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 not 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 not an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	1

Advanced Practice Registered Nurse	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Hip Displsia; This study is 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.; Constant pain in the hips; Pain Meds	1
Advanced Practice Registered Nurse	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1
Advanced Practice Registered Nurse	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1

Advanced Practice Registered Nurse	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	ABDOMINAL PAIN SINCE 7/14/16, PT STARTED TAKING CARE FATE AND PRILOSEC WITH NO RELIEF, RIGHT UPPER QUDRANT TENDERNESS NO REBOUND.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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	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
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.; It is not known if this is a request for initial staging of a known tumor other than prostate.; There is no known prostate cancer with a PSA greater than 10.; It is not known if this is 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

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.; 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
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.; This patient is experiencing hematuria.; The hematuria is newly diagnosed.	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.; 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
Advanced Practice Registered Nurse	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the abdomen.	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST		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 male.; It is not known if a rectal exam was 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.; It is not known if a pelvic exam was performed.	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	51 year old female w/ LRQ pain, watery stools; for one month. nausea and vomiting also; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	abd. mass; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; 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

Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	bilateral flank pain, dysuria, recurrent UTI; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Difficulty swallowing.; This study is 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 not been any treatment or conservative therapy.; Patient is experiencing chronic constipation.	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt having abdominal pain; hematuria was found on her labs; r/o kidney stone; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	SEVERE CROHNS DISEASE WITH COMPLICATIONS,N/V,ABD PAIN,LARGE INCARCERATED HERNIA,STRICTURE,EVALUATE ABD MASS,ABD LAB; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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

Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; <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 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.; 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
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>	3

Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abd pain near syncope ASHD	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; 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; Having sharp pain in left lower quad radiates around urinary frequency	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; MEMBER HAS CYST	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; 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; Patient has flank pain, urinary frequency, diarrhea, left kidney tenderness, history of polycystic kidney disease	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; Patient has recurrent UTI, urethra prolapse	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	16
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	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 a suspicion of an adrenal mass.; 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.; 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 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.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; Suspicious Mass or Tumor; yes, there is a palpable or observed abdominal mass.; <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.; 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
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; It is not known if this is a request for initial staging of a known tumor other than prostate.; There has not been a recent 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
Advanced Practice Registered Nurse	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

Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Ultrasound showed multiple swollen lymph nodes. Need a Ct scan to give a better image; 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
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.; 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
Advanced Practice Registered Nurse	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
Advanced Practice Registered Nurse	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.	1

Advanced Practice Registered Nurse	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 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
Advanced Practice Registered Nurse	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
Advanced Practice Registered Nurse	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.	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; The reason for ordering this study is unknown.	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.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	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	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	headaches; and altered mental status; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Advanced Practice Registered Nurse	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	None; 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
Advanced Practice Registered Nurse	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 headache is not described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Advanced Practice Registered Nurse	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	C/O Swollen Area On Left Side Of Neck x 5 Days That Is Sore/. 2. States Throat Hurts,But Not Sore,Rates Pain In Throat,Neck At 7 Evaluation of enlarged lymph node; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.	1
Advanced Practice Registered Nurse	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

Advanced Practice Registered Nurse	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	h53.9.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Advanced Practice Registered Nurse	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.; 5/12/16; There has been treatment or conservative therapy.; Pt suffers with headaches; facial pain and facial numbness.; medication	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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/4/2016; There has not been any treatment or conservative therapy.; SEVERE ABDOMINAL PAIN, AND FAINTED.	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.; There is not 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	Losing memory and train of thought worsened over the last month. Decreased concentraton.; 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
Advanced Practice Registered Nurse	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PT reports a increases in severity of headache and increase 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.; 4/13/16; There has been treatment or conservative therapy.; Headache and neck pain; Pain management and exercise	1
Advanced Practice Registered Nurse	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	r/o tumor; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient does not have HIV or cancer.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Advanced Practice Registered Nurse	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; 4/27/16; There has been treatment or conservative therapy.; headache, low back pain; Pain management	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	< 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
Advanced Practice Registered Nurse	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Chest CT is being ordered to evaluate a lung nodule. Lumbar MRI and Thoracic MRI are being ordered to get a better look at how bad back may be; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being 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	Disapproval	71250 CT CHEST, THORAX	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.; on going for a week, Diarrhea for 2yrs; There has not been any treatment or conservative therapy.; fatigue, diarrhea, ABN weight loss	1
Advanced Practice Registered Nurse	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	To check for defect on previous neck surgery; This study is being ordered for a neurological disorder.; date of onset is unknown; There has been treatment or conservative therapy.; neck and lumbar pain, previous neck surgery pain, and neuropathy; Pain management	1
Advanced Practice Registered Nurse	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
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	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	To check for defect on previous neck surgery; This study is being ordered for a neurological disorder.; date of onset is unknown; There has been treatment or conservative therapy.; neck and lumbar pain, previous neck surgery pain, and neuropathy; Pain management	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 Inflammatory/ Infectious Disease.; 7/3/2016; There has not been any treatment or conservative therapy.; pain in cervical spine	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.; 06/29/2016; There has been treatment or conservative therapy.; chronic lumbo-sarcal pain, chronic neck pain; naproxen, Tramadol	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.; 06/29/2016; There has not been any treatment or conservative therapy.; back and neck pain, radiation down to toes, tingling and numbness	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.; 10/05/2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; muscle relaxers, anti inflammatory medications, 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 have new or changing neurologic signs or symptoms.; There is weakness.; She has tenderness to palpation about the paracervical region on the right and left side. She does have pain with range of motion with decreased range of motion and pain radiating to the left side with Spurling 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
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; 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

Advanced Practice Registered Nurse	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.; Unknown; There has been treatment or conservative therapy.; back and neck pain with radiating symptoms; pain management	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; 5/24/16; There has been treatment or conservative therapy.; pain; pain management	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has new onset of pain in cervical spine after having 4 back surgeries; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient has pain radiating to left arm and his left arm is weaker than his right. Patient has had 4 surgeries on his back; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PT reports a increases in severity of headache and increase 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.; 4/13/16; There has been treatment or conservative therapy.; Headache and neck pain; Pain management and exercise	1

Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt reports she thinks there might be more damage that has gone untreated; This study is being ordered for trauma or injury.; Pt report motor vehicle accident in 2012; There has been treatment or conservative therapy.; Radiating pain; Pain has been doing pain management care and reports she has done PT in the past	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.; Patient has experienced cervical radiculopathy for longer than a months time with no relief from pain medication or home exercises	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.; Pt had acds surgery 1-2015 and has had chronic pain in the neck. mri 2014 showed large herniated disc, central and bulging disc, ddd, compression of ventral aspect of the spinal canal. retrolisthesis of c4 an c5	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.; Pt had an x-ray which displayed extensive arthritis of the C Spine;	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.; 6/9/2016; There has not been any treatment or conservative therapy.; back pain, neck pain, ms, arthritis , decompression in l1, joints narrowing,	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.; 7/2/15; There has been treatment or conservative therapy.; Pt has neck pain, right shoulder pain and mid back pain; Pt has been taking ibuprofun and using heat and tremodol.	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	will fax in clinicals; 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

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 Congenital Anomaly.; 5/24/2016; There has been treatment or conservative therapy.; mid and low back pain; Plain film x-rays, ibuprofen and flexural	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 Inflammatory/ Infectious Disease.; 7/3/2016; There has not been any treatment or conservative therapy.; pain in cervical spine	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.; 10/05/2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; muscle relaxers, anti inflammatory medications, physical therapy	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.; 7/1/2016; There has been treatment or conservative therapy.; headache, back pain, left sided pain; chiropractor	1

Advanced Practice Registered Nurse	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	2
Advanced Practice Registered Nurse	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chest CT is being ordered to evaluate a lung nodule. Lumbar MRI and Thoracic MRI are being ordered to get a better look at how bad back may be; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being 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	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	CT that showed compression fracture at T12 and sacral fracture at S3 on the right side. She also had mildly elevated liver enzymes with CT showing hepatic steatosis. She also had hematuria, ct showed no obstructive uropathy or other nontraumatic explanati; This study is being ordered for trauma or injury.; 7/3/2016; There has been treatment or conservative therapy.; HEMATURIA BACK AND BOTTOM PAIN THAT RADIATES AROUND RIGHT LOWER QUADRANT; NSAIDS PAIN MEDICATION BRACE	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	Needing imaging to rule out serious injury; This study is being ordered for trauma or injury.; Pt reports straining back putting on a pair of Jeans about 4 days ago; There has been treatment or conservative therapy.; Primary symptoms are pain, spasms, and neuropathy.; Pain management therapy	1
Advanced Practice Registered Nurse	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness and tingling; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; back and neck pain with radiating symptoms; pain management	1
Advanced Practice Registered Nurse	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Numbness and tingling; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/4/16; There has been treatment or conservative therapy.; Pain and radiculopathy; Pain medication and NSAID therapy	1
Advanced Practice Registered Nurse	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Advanced Practice Registered Nurse	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does 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

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.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; Will Fax; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
Advanced Practice Registered Nurse	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unable to walk due to increased pain.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/2/16; There has been treatment or conservative therapy.; pain; Pain management and physical therapy	1
Advanced Practice Registered Nurse	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.; 7/2/15; There has been treatment or conservative therapy.; Pt has neck pain, right shoulder pain and mid back pain; Pt has been taking ibuprofun and using heat and tremodol.	1
Advanced Practice Registered Nurse	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	X Ray requested correlation with an MRI of the thoracic spine may be of value in the appropriate clinical setting.; 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

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	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 Congenital Anomaly.; 5/24/2016; There has been treatment or conservative therapy.; mid and low back pain; Plain film x-rays, ibuprofen and flexural	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.; 06/29/2016; There has been treatment or conservative therapy.; chronic lumbo-sarcal pain, chronic neck pain; naproxen, Tramadol	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.; 06/29/2016; There has not been any treatment or conservative therapy.; back and neck pain, radiation down to toes, tingling and numbness	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.; 10/05/2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; muscle relaxers, anti inflammatory medications, physical therapy	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.; 7/1/2016; There has been treatment or conservative therapy.; headache, back pain, left sided pain; chiropractor	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 no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Lower weakness -bilateral lower 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	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	2
Advanced Practice Registered Nurse	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
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	abn mri 2014 that showed nodule on the plate of back l2; ddd l5-s1 noted; chronic pain; spondylosis; osteo arthritis;; 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	Chest CT is being ordered to evaluate a lung nodule. Lumbar MRI and Thoracic MRI are being ordered to get a better look at how bad back may be; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being 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	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.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	CT that showed compression fracture at T12 and sacral fracture at S3 on the right side. She also had mildly elevated liver enzymes with CT showing hepatic steatosis. She also had hematuria, ct showed no obstructive uropathy or other nontraumatic explanati; This study is being ordered for trauma or injury.; 7/3/2016; There has been treatment or conservative therapy.; HEMATURIA; BACK AND BOTTOM PAIN THAT RADIATES AROUND RIGHT LOWER QUADRANT; NSAIDS; PAIN MEDICATION; BRACE	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 pinprick sensation is abnormal to right mid to lateral thigh.  STRAIGHT LEG RAISING TEST: positive at 30 degrees on, the right.  GAIT: antalgic gait.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Enter answer here - Patient had xray on 6-1-16 showing degenerative changes. Chronic back pain worsening in last couple of months, DECREASE ROM-keeps pt. from bending forward, hinders him dressing himself and getting into a car. PAIN IS RADIATING INTO RIG; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	HAS EXTREMITY WEAKNESS AND NUMBNESS IN LEFT EXTREMEITY. MUSCLE WEAKNES, BACK PAIN AND TENDERNESS IN THE THORACIC AREA.; 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	having low back pain going to both hips started 6/29/16; 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	Needing imaging to rule out serious injury; This study is being ordered for trauma or injury.; Pt reports straining back putting on a pair of Jeans about 4 days ago; There has been treatment or conservative therapy.; Primary symptoms are pain, spasms, and neuropathy.; Pain management therapy	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.; weakness in the lower extremity; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
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.; 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.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness and 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
Advanced Practice Registered Nurse	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.; Unknown; There has been treatment or conservative therapy.; back and neck pain with radiating symptoms; pain management	1

Advanced Practice Registered Nurse	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/4/16; There has been treatment or conservative therapy.; Pain and radiculopathy; Pain medication and NSAID therapy	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pain after normal plain films; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/22/2015; There has been treatment or conservative therapy.; Pain; Pain management with NSAIDS	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; 5/24/16; There has been treatment or conservative therapy.; pain; pain management	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAVING CONTINUED BACK PAIN.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is getting to where they can barely walk.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness to bilateral lower extremities pain radiates from lower back down both legs. Grade 4 Muscle strength in both lower extremities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt reports she thinks there might be more damage that has gone untreated; This study is being ordered for trauma or injury.; Pt report motor vehicle accident in 2012; There has been treatment or conservative therapy.; Radiating pain; Pain has been doing pain management care and reports she has done PT in the past	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; 4/27/16; There has been treatment or conservative therapy.; headache, low back pain; Pain management	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unable to walk due to increased pain.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/2/16; There has been treatment or conservative therapy.; pain; Pain management and physical therapy	1

Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient has weakness in the legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/9/2016; There has not been any treatment or conservative therapy.; back pain, neck pain, ms, arthritis , decompression in l1, joints narrowing,	1
Advanced Practice Registered Nurse	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

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. >; 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
Advanced Practice Registered Nurse	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	none; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; HEP w/ strengthening exercises; for 8 weeks in duration; no improvement; The patient received oral analgesics.	1
Advanced Practice Registered Nurse	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	pt was seen in office on 9-8-16 and was seen in the ER on 9-14-16 for shoulder pain and the ER doctor recommended MRI since pain is still present.; 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

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."; ACUTE/ CHRONIC PAIN IN SHOULDER	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.; Need further imaging from patients x-ray	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.; pain in shoulder x 1 1/2 month, per x-ray stated f/u w/mri	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.; Patient has been experiencing shoulder joint pain for longer than a months period of time. Patient has tried taking pain medication with no relief.	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 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.;	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 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 has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1

Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The 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
Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The 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
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 study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; clicking noise in knee, its unstable, bulging disc in thoracic spine region; lyrica	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.; The study is being ordered for foot pain.; The study is being ordered for acute pain.	1
Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Abnormal x-ray shows mild degenerative changes; 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

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 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
Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Pain after normal plain films; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/22/2015; There has been treatment or conservative therapy.; Pain; Pain management with NSAIDS	1
Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	The provider is suspecting an injury to tendon or ligaments; 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
Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is 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
Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for a foot MRI.; The study is not being ordered for foot pain, known dislocation, infection,suspected fracture, known fracture, pre op, post op or a known/palpated mass.	1
Advanced Practice Registered Nurse	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.; unknown; There has been treatment or conservative therapy.; Pain in left and right knee; Pain management treatment	2

Advanced Practice Registered Nurse	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	Hip Displsia; This study is 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.; Constant pain in the hips; Pain Meds	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 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
Advanced Practice Registered Nurse	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There is suspicion of renal mass.; The suspicion of a renal mass was suggested by a physical exam.	1

Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/4/2016; There has not been any treatment or conservative therapy.; SEVERE ABDOMINAL PAIN, AND FAINTED.	1
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Duration of Symptoms: Start: 09/12/2016  Physical Exam Findings: R/o diverticulitis, bilat abd pain, change in bowel habit; 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	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 Pelvic and pap were done on 8-19-16 normal findings. Pt has history of abdominal bloating and constipation, has been on liquid diet and mom and miralax treatment since8-19-16. Having abdominal pain ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1

Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O 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.; on going for a week, Diarrhea for 2yrs; There has not been any treatment or conservative therapy.; fatigue, diarrhea, ABN weight loss	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 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	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 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 are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; right side abdomen pain that is leading to the back times 2 days. Pt has had kidney and bladder infection.	1

Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Ongoing complaints of palpitations, chest pain, abnormal EKG.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	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
Allergy & Immunology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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
Allergy & Immunology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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

Allergy & Immunology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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,M AXILLOFACIAL 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	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	if needed will fax in clinicals; 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
Anesthesiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		; This study is being ordered for trauma or injury.; 07/01/12; There has been treatment or conservative therapy.; Chronic neck pain for few yrs,tiny spinal cord syrinx is best visualized on the axial, extends from the C3-4 level to the C6-7 level without definite associated lesions, ETIOLOGY for this Syrinx is unclear, Weakness, numbness, tingling, radiates to bilate; brace 3 mths after (9/12/14), TLSO, PHYSICAL THERAPY, home exercise programs, bed rest, ice/heat, massage, OTC NSAIDs (Aleve), current RX meds includes both opioids & non-opioids (Hydrocodone, Neurontin, Gabapentin, Flexeril, Clonazepam). PAIN/UDS contra	1

Anesthesiology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	2
Anesthesiology	Approval	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
Anesthesiology	Approval	72131 CT LUMBAR SPINE, LOW BACK		2
Anesthesiology	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.; < 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	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
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.	10

Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		2
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; 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
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.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; neck pain radiates to fingers, diminished sensation and drops things. low back pain with numbness.; PT, medications	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.; 2014; There has been treatment or conservative therapy.; Neck and low back pain. Patient states that low back pain is primary complaint. Patient states that low back pain will radiate to left leg down to left foot. Patient states that he has had neuropathy in both feet for years. Patient states that he has al; Patient states that he has done physical therapy in the past that was beneficial. Patient states that he did particularly well with decompression therapy. ibuprofen/Aleve	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.; 2014; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; PHYSICAL THERAPY, INJECTIONS AND MEDICATIONS.	1

Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; 07/01/12; There has been treatment or conservative therapy.; Chronic neck pain for few yrs,tiny spinal cord syrinx is best visualized on the axial, extends from the C3-4 level to the C6-7 level without definite associated lesions, ETIOLOGY for this Syrinx is unclear, Weakness, numbness, tingling, radiates to bilate; brace 3 mths after (9/12/14), TLSO, PHYSICAL THERAPY, home exercise programs, bed rest, ice/heat, massage, OTC NSAIDs (Aleve), current RX meds includes both opioids & non-opioids (Hydrocodone, Neurontin, Gabapentin, Flexeril, Clonazepam). PAIN/UDS contra	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	FEELS LIKE ELECTRICAL SHOCK THAT STARTS IN HIS NECK AND GOES TO HIS FEET. NUMBNESS AND TINGLING IN BUE. HE HAS HAD LESI'S DONE.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; AT LEAST 5 YEARS AGO; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; SURGERY AND MEDICATIONS.	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	He has now tried 6 weeks of PT without significant improvement in his neck pain.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness and numbness in hands; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Anesthesiology	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.; Will fax clinical information	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; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had 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.; No, this patient did not have a recent course of supervised physical Therapy.	3
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1
Anesthesiology	Approval	72141 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.	21

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; None of the above; Other spondylosis, 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
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.	8
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.	9

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	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
Anesthesiology	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
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.; < 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 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	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	He has been having pain in the thoracolumbar junction. He has tried chiropractor for the past two months for this pain without relief. He has now failed 6 weeks of recent conservative care.; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1

Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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
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.; Enter Additional Clinical InformatioGiven his pulmonary status and being on 4L Supp O2 continuous, I do not think he is a candidate for any medication that might suppress his resp drive including opioids or bzds.; We will need to see if we can improve his; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	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.; 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
Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known how many follow-up thoracic spine MRIs the patient has had.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; <Enter Additional Clinical Information>	1
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.	4

Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Anesthesiology	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
Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		11
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	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.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; neck pain radiates to fingers, diminished sensation and drops things. low back pain with numbness.; PT, 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 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	; 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.; 2013; There has been treatment or conservative therapy.; PAIN IN BACK AND HIP; MEDICATION, PHYSICAL THERAPY, EPIDURAL STEROID 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.; 2014; There has been treatment or conservative therapy.; Neck and low back pain. Patient states that low back pain is primary complaint. Patient states that low back pain will radiate to left leg down to left foot. Patient states that he has had neuropathy in both feet for years. Patient states that he has al; Patient states that he has done physical therapy in the past that was beneficial. Patient states that he did particularly well with decompression therapy. ibuprofen/Aleve	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.; 2014; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; PHYSICAL THERAPY, INJECTIONS AND MEDICATIONS.	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; 2010; It is not known if there has been any treatment or conservative therapy.; PAIN IN BACK AND LEFT SHOULDER	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	FEELS LIKE ELECTRICAL SHOCK THAT STARTS IN HIS NECK AND GOES TO HIS FEET. NUMBNESS AND TINGLING IN BUE. HE HAS HAD LESI'S DONE.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; AT LEAST 5 YEARS AGO; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; SURGERY AND MEDICATIONS.	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	He has tried chiropractor for the past two months for this pain without relief. He has now failed 6 weeks of recent conservative care. Because of this we can check an MRI of the lumbar and thoracic areas.; The study requested 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

Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	None.; This study is being ordered for a neurological disorder.; Unknown.; There has been treatment or conservative therapy.; Chronic neck and LBP, muscle spasms, radiculopathy.; Steroid injections, PT, pain meds (Gabapentin, Oxycodone).	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PATIENT HAS TRIED INFLAMMATORY MEDICATIONS WITHOUT SUCCESS, HEATING TREATMENTS WITHOUT SUCCESS, CONSTANT PAIN, CANNOT DO DAILY ACTIVITIES BECAUSE OF THE PAIN.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; BED REST AND HEAT COMPRESSION; MORPHINE 30MG TRAZADONE  NORCO 10-325MG	1

Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient is also suffering bilateral lower extremity pain.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; deep tendon reflexs 3/4 BLE +clonus bilateral	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient reported numbness/tingling in her feet and weakness in her arms and legs.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; 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.; Gabapentin;x0D; Celexa;x0D; Tylenol;x0D; Ibuprofen	1

Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The patient's intake questionnaire was fully reviewed. As well as their referring provider's (Davis, Nicole, APRN) notes which indicate patient is a long history of low back and leg pain which she was being treated for in Colorado she's been tried on phys; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	8
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1

Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	3
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?	6
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	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	120

Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	3
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	3
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	7
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	2
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	updated MRI needed for new and worsening 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.; 02/12/2014; There has been treatment or conservative therapy.; pain , tenderness in the thoracic lumbar area, tight muscles, has known lumbar disc disease, has mild scoliosis; pain medications, anti-inflammatory medications, injections, PT	1

Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Weakness noted on exam in RLE, sensation intact, antalgic gait, positive straight leg test on right; This study is 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 pain that is aching with frequent sharp, shooting pains down BLE; Physical therapy, NSAIDS, ice, heat, massage, trigger points	1
Anesthesiology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	1
Anesthesiology	Approval	73221 MRI JOINT OF UPPER EXTREMITY		2
Anesthesiology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	2
Anesthesiology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; MARCH 2016; There has been treatment or conservative therapy.; PAIN IN SHOULDERS; IMAGING, PHYSICAL THERAPY, TENS UNIT, MEDICATION.	2

Anesthesiology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for trauma or injury.; 2010; It is not known if there has been any treatment or conservative therapy.; PAIN IN BACK AND LEFT SHOULDER	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."; < Enter answer here - or Type In Unknown If No Info Given. >	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 an orthopedist.	1
Anesthesiology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	6
Anesthesiology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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 arm numbness and rt leg tingling; lumbar back pain radiates to RLE; taking pain meds; had a shoulder joint injection in 05/2016	1

Anesthesiology	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.; SINCE 2006; There has been treatment or conservative therapy.; LEFT SHOULDER PAIN, SHARP AND SHOOTING, BILATERAL KNEE PAIN, ACHING, THROBING, NUMBNESS AND TINGLING IN BOTH SHOULDER AND KNEE, KNEE POPS LOCKS AND GIVES OUT; MEDICATIONS	1
Anesthesiology	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.; < 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	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.; 2010; There has been treatment or conservative therapy.; SHARP, STABBING, CONSTANT PAIN; MEDICATIONS AND MULTIPLE INJECTIONS WITH STEROID AND SUPARTZ	2
Anesthesiology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	1

Anesthesiology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The 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
Anesthesiology	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.; SINCE 2006; There has been treatment or conservative therapy.; LEFT SHOULDER PAIN, SHARP AND SHOOTING, BILATERAL KNEE PAIN, ACHING, THROBING, NUMBNESS AND TINGLING IN BOTH SHOULDER AND KNEE, KNEE POPS LOCKS AND GIVES OUT; MEDICATIONS	1
Anesthesiology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		1
Anesthesiology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	; This study is being ordered 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	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

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 has a documented limitation of their range of motion.	1
Anesthesiology	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
Anesthesiology	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	She has an area of soreness over the neck, It does not feel like it is on the spinous process, just adjacent to it. She thinks it is has grown in size.  We discussed getting an US of this area. IF that does not elucidate, then get a CT scan.   We will ; 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

Anesthesiology	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
Anesthesiology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 12/1/2008; There has been treatment or conservative therapy.; MIGRAINES & NECK PAINS.; Injections, pain medicines opioids & non-opioids, ice/heat, massage, P.T., home exercise programs, NSAIDs.	1
Anesthesiology	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.; Unknown; There has been treatment or conservative therapy.; weakness; tingling; pain; numbness; PT	1
Anesthesiology	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

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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Will FAX; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
Anesthesiology	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Will FAX; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
Anesthesiology	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is 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	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
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; shoulders; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
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.; 11-1-15; There has been treatment or conservative therapy.; chronic neck and back pain, numbness, tingling; medication	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.; 2/3/2016; There has been treatment or conservative therapy.; mbr has pain in back and weakness and night sweats and chest pain, hip pain; medication	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.; 2015; There has been treatment or conservative therapy.; NUMBNESS & TINGLING; INSEDS & PHYSICAL THERAPY	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.; 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
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 have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Anesthesiology	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 a neurological disorder.; 12/1/2008; There has been treatment or conservative therapy.; MIGRAINES & NECK PAINS.; Injections, pain medicines opioids & non-opioids, ice/heat, massage, P.T., home exercise programs, NSAIDs.	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.; 08-01-2016; There has been treatment or conservative therapy.; back pain, neck pain, joint pain, muscle pain/tenderness, headache, numbness, weakness; Tizanidine 4 mg Naproxen 500 mg Hydrocodone 10 mg  X-ray Cervical spine - reported significant changes that include degenerative changes to cervical spine  X-ray Lumbar spine - reported significant changes that include degenerative changes of the	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.; ;	2
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.; 09-2015; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; MEDICATIONS, CERVICAL AND LUMBAR EPIDURAL STEROID INJECTIONS, PT	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.; 2006; There has been treatment or conservative therapy.; NECK PAIN IS CONSTANT AND STABBING, NUMBNESS AND PAIN IN R ARM. THORACIC PAIN IS CONSTAND AND BURNING WITH SPASMS. LUMBAR PAIN IS CONSTANT, BURNING AND STABBING WITH SPASMS AND NUMBNESS AD TINGLING IN LEGS BILATERALLY BUT WORSE ON THE RIGHT.; CHIROPRACTIC THERAPY, TENS UNIT	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; It is not known if there has been any treatment or conservative therapy.; PAIN IN NECK AND BACK WITH ANY TYPE OF MOVEMENT.	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.; 2012; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; MEDICATION, EPIDURAL STEROID INJECTIONS, PHYSICAL 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.; 2015; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK. NECK PAIN GOES DOWN INTO ARMS.; MEDICATIONS, PT, INJECTIONS	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.; APROXIMATELY 2008; There has been treatment or conservative therapy.; PAIN IN BACK WITH NUMBNESS IN L LEG, PAIN IS SHARP AND SHOOTING. NECK PAIN CAUSES NUMBNESS IN LEFT ARM AND IS SHOOTING.; SEEN BY ANOTHER PAIN MANAGEMENT AND STARTED ON INJECTIONS THAT HELPED FOR A SHORT TIME, 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.; Unknown; There has been treatment or conservative therapy.; weakness; tingling; pain; numbness; PT	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.; December 2015; There has been treatment or conservative therapy.; PAIN IN NECK THAT GOES INTO ARMS WITH SOME TINGLING AND PAIN IN BACK THAT GOES DOWN LEGS.; IMAGING AND MEDICATIONS	1

Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Bilateral Patricks test positive.; This study is 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.; Pain, Numbness, and Weakness radiating to Lower and Upper Exremities.  Bilateral Patricks Test Positive.; Physical Therapy Lumbar Medial Branch Block Radiofrequency Ablation Naprosyn 500 mg tablet  oxycodone-acetaminophen 10 mg-325	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	CAN NOT GRIP THING WITH BOTH 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.; BILATERAL UPPER EXTREMITY WEAKNESS WITH 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
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	deep burning, throbbing, tingling, sharp, cramping, stabbing,; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/2.2000; There has been treatment or conservative therapy.; low back pain that radiates to thighs, prior trials of physical therapy, neck pain both shoulders, pain radiates to knees, pain scale is ten out of ten ,; medication, therapy, inseds,	1

Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MRI Cervical and Lumbar spine is being requested to further evaluate the patient's persistent pain and symptoms. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process in formulating a treatment plan; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02-09-16; There has been treatment or conservative therapy.; Sharp, stabbing and tingling pain that radiates to extremities.; The patient has failed conservative treatment (include activity modifications, physical/home exercise therapy, NSAIDs and opioid medication therapy)	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None.; This study is being ordered for a neurological disorder.; Unknown.; There has been treatment or conservative therapy.; Chronic neck and LBP, muscle spasms, radiculopathy.; Steroid injections, PT, pain meds (Gabapentin, Oxycodone).	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain radiates to bilateral lower and upper extremity; This study is being ordered for a neurological disorder.; 08-01-2013; There has been treatment or conservative therapy.; back pain, neck pain, joint pain, headache, weakness and anxiety; Soma 350 mg  Baclofen 20 mg  Neurontin 800 mg  Morphine ER 40   Trigger points in bilateral Latissimus dorsi muscles  Trigger points in bilateral Thoracic Longissimus  RadioFrequency Ablation   Bilateral Medial Branch Block- Cervical	1

Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain scale is nine out of ten, injection candidate; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/1/2014; There has been treatment or conservative therapy.; pain in neck and lower back that radiates to left and right side , migraine headache,; physically and massage therapy, medication	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Palpation of lumbar facet joints at L2-3, L3-4, L4-5, and L5-S1 levels reproduced lower back pain. Hyperextension at lumbar spine reproduced lower back pain. Bilateral facets loading maneuver by lateral flexion/bending reproduced pain. Bilateral lateral; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1-19-16; There has been treatment or conservative therapy.; pain that is burning, tingling along with pressure, burning and numbness; Physical Therapy, Medication Therapy, Home exercise program, Xrays	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Radicular pain of neck and lower back, candidate for epidural injections; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; May 2015; There has been treatment or conservative therapy.; Pain in neck and lower back; Physical therapy and medications	1

Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patients pain has progressively gotten worse, not being controlled with rest, activity modification and medication(s). Other symptoms as a result of the pain are crying, depression, insomnia, nausea, tingling and unable to fall asleep. Pain has failed; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6-27-16; There has been treatment or conservative therapy.; The pain radiates to lower back and into back sides of both thighs and back of neck, shoulders and up into hairline which is aching, throbbing, tender, pins and needles and numbness; Home exercise program, Medications, TENS unit.	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.	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; 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	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2013; There has been treatment or conservative therapy.; numbness; tingling; pain in rt arm; cramping; tightening, throbbing and muscle spasms; home therapy	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 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	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.; 2006; There has been treatment or conservative therapy.; NECK PAIN IS CONSTANT AND STABBING, NUMBNESS AND PAIN IN R ARM. THORACIC PAIN IS CONSTAND AND BURNING WITH SPASMS. LUMBAR PAIN IS CONSTANT, BURNING AND STABBING WITH SPASMS AND NUMBNESS AD TINGLING IN LEGS BILATERALLY BUT WORSE ON THE RIGHT.; CHIROPRACTIC THERAPY, TENS UNIT	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; PAIN IN MID AND LOW BACK; PHYSICAL THERAPY, INJECTIONS AND MEDICATIONS.	1

Anesthesiology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain radiates to bilateral lower and upper extremity; This study is being ordered for a neurological disorder.; 08-01-2013; There has been treatment or conservative therapy.; back pain, neck pain, joint pain, headache, weakness and anxiety; Soma 350 mg  Baclofen 20 mg  Neurontin 800 mg  Morphine ER 40   Trigger points in bilateral Latissimus dorsi muscles  Trigger points in bilateral Thoracic Longissimus  RadioFrequency Ablation   Bilateral Medial Branch Block- Cervical	1
Anesthesiology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	1
Anesthesiology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	1

Anesthesiology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	updated MRI needed for new and worsening 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.; 02/12/2014; There has been treatment or conservative therapy.; pain , tenderness in the thoracic lumbar area, tight muscles, has known lumbar disc disease, has mild scoliosis; pain medications, anti-inflammatory medications, injections, PT	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Home treatment failed patient is in to much pain, July 25th until now	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.; The patient has acute or chronic back pain.; The patient has none of the above	1

Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11-1-15; There has been treatment or conservative therapy.; chronic neck and back pain, numbness, tingling; medication	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.; 2/3/2016; There has been treatment or conservative therapy.; mbr has pain in back and weakness and night sweats and chest pain, hip pain; medication	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.; 2015; There has been treatment or conservative therapy.; NUMBNESS & TINGLING; INSEDS & PHYSICAL THERAPY	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.; 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
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.; 08-01-2016; There has been treatment or conservative therapy.; back pain, neck pain, joint pain, muscle pain/tenderness, headache, numbness, weakness; Tizanidine 4 mg Naproxen 500 mg Hydrocodone 10 mg  X-ray Cervical spine - reported significant changes that include degenerative changes to cervical spine  X-ray Lumbar spine - reported significant changes that include degenerative changes of the	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.;	2
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.; 09-2015; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; MEDICATIONS, CERVICAL AND LUMBAR EPIDURAL STEROID INJECTIONS, 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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2006; There has been treatment or conservative therapy.; NECK PAIN IS CONSTANT AND STABBING, NUMBNESS AND PAIN IN R ARM. THORACIC PAIN IS CONSTAND AND BURNING WITH SPASMS. LUMBAR PAIN IS CONSTANT, BURNING AND STABBING WITH SPASMS AND NUMBNESS AD TINGLING IN LEGS BILATERALLY BUT WORSE ON THE RIGHT.; CHIROPRACTIC THERAPY, TENS UNIT	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; It is not known if there has been any treatment or conservative therapy.; PAIN IN NECK AND BACK WITH ANY TYPE OF MOVEMENT.	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.; 2012; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; MEDICATION, EPIDURAL STEROID INJECTIONS, PHYSICAL 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.; 2014; There has been treatment or conservative therapy.; PAIN IN MID AND LOW BACK; PHYSICAL THERAPY, 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 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. NECK PAIN GOES DOWN INTO ARMS.; MEDICATIONS, PT, INJECTIONS	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.; APROXIMATELY 2008; There has been treatment or conservative therapy.; PAIN IN BACK WITH NUMBNESS IN L LEG, PAIN IS SHARP AND SHOOTING. NECK PAIN CAUSES NUMBNESS IN LEFT ARM AND IS SHOOTING.; SEEN BY ANOTHER PAIN MANAGEMENT AND STARTED ON INJECTIONS THAT HELPED FOR A SHORT TIME, 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.; December 2015; There has been treatment or conservative therapy.; PAIN IN NECK THAT GOES INTO ARMS WITH SOME TINGLING AND PAIN IN BACK THAT GOES DOWN LEGS.; IMAGING AND MEDICATIONS	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Bilateral Patricks test positive.; This study is 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.; Pain, Numbness, and Weakness radiating to Lower and Upper Exremities.  Bilateral Patricks Test Positive.; Physical Therapy Lumbar Medial Branch Block Radiofrequency Ablation Naprosyn 500 mg tablet  oxycodone-acetaminophen 10 mg-325	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	deep burning, throbbing, tingling, sharp, cramping, stabbing,; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/2.2000; There has been treatment or conservative therapy.; low back pain that radiates to thighs, prior trials of physical therapy, neck pain both shoulders, pain radiates to knees, pain scale is ten out of ten ,; medication, therapy, inseds,	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Facet burning SI Joints Neurological problems; 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	History of surgery to area of spine, pain in low back that radiates to lower extremities. Patient is a candidate for injection and/ or further surgery to this area of the 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
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MRI Cervical and Lumbar spine is being requested to further evaluate the patient?s persistent pain and symptoms. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process in formulating a treatment 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.; 02-09-16; There has been treatment or conservative therapy.; Sharp, stabbing and tingling pain that radiates to extremities.; The patient has failed conservative treatment (include activity modifications, physical/home exercise therapy, NSAIDs and opioid medication therapy)	1

Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MRI lumbar spine is being requested to further evaluate the patient's persistent pain and symptoms. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process in formulating a treatment plan for this ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Palpation of lumbar facet joints at L2-3, L3-4, L4-5, and L5-S1 levels reproduced lower back pain.; Hyperextension at lumbar spine reproduced lower back pain. Stooping 20 -30 degree relief pain. Bilateral facets loading maneuver by lateral flexion/bendin; The patient does not have new signs or symptoms of bladder 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	pain radiates to bilateral lower and upper extremity; This study is being ordered for a neurological disorder.; 08-01-2013; There has been treatment or conservative therapy.; back pain, neck pain, joint pain, headache, weakness and anxiety; Soma 350 mg ; Baclofen 20 mg ; Neurontin 800 mg ; Morphine ER 40 ; ; Trigger points in bilateral Latissimus dorsi muscles ; ; Trigger points in bilateral Thoracic Longissimus ; ; RadioFrequency Ablation ; ; Bilateral Medial Branch Block- Cervical	1

Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain scale is nine out of ten, injection candidate; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/1/2014; There has been treatment or conservative therapy.; pain in neck and lower back that radiates to left and right side , migraine headache,; physically and massage therapy, medication	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Palpation of lumbar facet joints at L2-3, L3-4, L4-5, and L5-S1 levels reproduced lower back pain. Hyperextension at lumbar spine reproduced lower back pain. Bilateral facets loading maneuver by lateral flexion/bending reproduced pain. Bilateral lateral; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1-19-16; There has been treatment or conservative therapy.; pain that is burning, tingling along with pressure, burning and numbness; Physical Therapy, Medication Therapy, Home exercise program, Xrays	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient presented today for new patient evaluation for her chronic lumbar pain. States the has fibromyalgia for the last 2 years. Was seen by a pain management in LA but recently moved. States she had an MRI from her PCP in LA but we do not have this ; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Radicular pain of neck and lower back, candidate for epidural injections; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; May 2015; There has been treatment or conservative therapy.; Pain in neck and lower back; Physical therapy and medications	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	requested to bypass 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
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Sleep disturbance, and activity changes. Aching, burning and cramping pain is described by member.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness radiating BILAT down to both feet. Leg pain, tingling and numbness as well.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1

Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The pain has progressively gotten worse over time and is not being controlled with rest, activity modification and medication(s). Patient has gone through 36 weeks of Physical therapy and has had SI injections and nerve blocks, to which have not helped w; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Deep palpation of lumbar spinous processes reproduced lower back pain. Anterior flexion,Hyperextension, bilateral lateral flexion/bending and bilateral lateral rotation reproduced typical low back pain. Palpable taut bands /trigger points in bilateral ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient is demonstrating some right L5 and S1 radicular symptoms. Patient was positive for straight leg raise, Yeoman, and Gaenslen upon physical exam; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex 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

Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patients pain has progressively gotten worse, not being controlled with rest, activity modification and medication(s). Other symptoms as a result of the pain are crying, depression, insomnia, nausea, tingling and unable to fall asleep. Pain has failed; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6-27-16; There has been treatment or conservative therapy.; The pain radiates to lower back and into back sides of both thighs and back of neck, shoulders and up into hairline which is aching, throbbing, tender, pins and needles and numbness; Home exercise program, Medications, TENS unit.	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	2

Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2013; There has been treatment or conservative therapy.; numbness; tingling; pain in rt arm; cramping; tightening, throbbing and muscle spasms; home therapy	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Weakness noted on exam in RLE, sensation intact, antalgic gait, positive straight leg test on right; This study is 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 pain that is aching with frequent sharp, shooting pains down BLE; Physical therapy, NSAIDS, ice, heat, massage, trigger points	1
Anesthesiology	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for 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	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; 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."; "The caller does not know whether there are active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "Caller does not know whether there are radiographical or ultrasound findings consistent with abnormal fluid collection, pelvic abscess, pelvic inflammation or ascites."; "Caller does not know if 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
Anesthesiology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The ordering physician is not an orthopedist.; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the pelvic girdle.	1
Anesthesiology	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.; 2014; There has been treatment or conservative therapy.; SHOOTING, STABBING PAIN; MEDICATIONS AND INJECTIONS	2

Anesthesiology	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.; 2013; There has been treatment or conservative therapy.; PAIN IN BACK AND HIP; MEDICATION, PHYSICAL THERAPY, EPIDURAL STEROID INJECTIONS	1
Anesthesiology	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	Facet hypertrophy, disc buldge,bilateral narrowing & central canal Chronic Back & bilateral Hip Pains more than 10 years, gradual, progressively worse, any movement of her hip joint causes pain, requires her father to help get her out of bed, weakness, ; This study is being ordered for Inflammatory/ Infectious Disease.; APPROX. 01/01/2006; There has been treatment or conservative therapy.; Chronic Back & bilateral Hip Pains more than 10 years, gradual, progressively worse, any movement of her hip joint causes pain, requires her father to help get her out of bed, weakness, numbing, radiates to bilateral lower extremity, constant w/intermitt; ; bed rest, ice/heat, massage, P.T., home exercise program therapy, Chiropractor, Sacroiliac joint injs, Lumbar Medial Branch Blocks, Lumbar Neurotomy Injs, OTC NSAIDs (Aleve), current Rx pain meds, both opioid & non opioids includes (Hydrocodone, Ultram/	2
Anesthesiology	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	PATIENT FELL AND LANDED ON BOXES AND NOW HAS PAIN IN BOTH HIPS.; This study is being ordered for trauma or injury.; 2015; It is not known if there has been any treatment or conservative therapy.; PAIN IN BOTH HIPS	1

Anesthesiology	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
Cardiac 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.	1
Cardiac Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST		; This study is being ordered for Vascular Disease.; see last year cta report; There has not been any treatment or conservative therapy.;	1
Cardiac Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST		Yes, this is a request for CT Angiography of the Neck.	7
Cardiac Surgery	Approval	70547 Mr angiography neck w/o dye		The patient has not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Neck MR Angiography.	1
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.	1
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	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/110216; There has not been any treatment or conservative therapy.; shortness of breath	1
Cardiac Surgery	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
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	7
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.	2
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	Abnormal chest xray hemoptysis nodules; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	had a resected tumor now the 3 follow up to 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
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	Lung mass; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1

Cardiac Surgery	Approval	71250 CT CHEST, THORAX	possibility of an intrathoracic tumor. recently had a CT scan of the chest that showed a neoplasm in juxtaposition to the esophagus. He has been referred now for further evaluation; "There is NO evidence of a lung, mediastinal or chest mass 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	Previous ct had a nodule, Pet Scan was done, 6 month follow up.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	Pt has evidence of mediastinal lymphadenopathy by CT in January 2016. She has been followed medically and is back for 6mth f/u CT to see if this was inflammatory or if there is evidence of enlargement, surgical biopsy will be 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

Cardiac Surgery	Approval	71250 CT CHEST, THORAX	recent CT scan of the chest showed a neoplasm in juxtaposition to the esophagus. has had chronic chest pain with some back pain; "There is NO evidence of a lung, mediastinal or chest mass 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	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
Cardiac 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
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	< Enter answer here - or Type In Unknown If No Info Given. >; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	; This study is being ordered for Vascular Disease.; see last year cta report; There has not been any treatment or conservative therapy.;	1

Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are no signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	6 month check up to make sure thoracic aortic aneurysm is not coming back.; This study is being ordered for Vascular Disease.; march 2016; There has been treatment or conservative therapy.; no symptoms; surgery 3/26/16	1
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Dissecting aneurysm of thoracic aorta, Stanford type B; This study is being ordered for Vascular Disease.; Unknown; There has not been any treatment or conservative therapy.; Dissecting aneurysm of thoracic aorta, Stanford type B	1
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	follow up to known aneurysm; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1

Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	had a large anuresym in 2014; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; no symptoms its silent; surgery in 2014 for aneurysm	1
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	see notes; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are no signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	4
Cardiac 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.	1
Cardiac Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON TRAST	Dissecting aneurysm of thoracic aorta, Stanford type B; This study is being ordered for Vascular Disease.; Unknown; There has not been any treatment or conservative therapy.; Dissecting aneurysm of thoracic aorta, Stanford type B	1

Cardiac Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON TRAST	had a large anuresym in 2014; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; no symptoms its silent; surgery in 2014 for aneurysm	1
Cardiac Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON TRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	8
Cardiac Surgery	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCON TRAST	6 month check up to make sure thoracic aortic aneurysm is not coming back.; This study is being ordered for Vascular Disease.; march 2016; There has been treatment or conservative therapy.; no symptoms; surgey 3/26/16	1
Cardiac Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/110216; There has not been any treatment or conservative therapy.; shortness of breath	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.	9

Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for known CAD.; It is not known if the patient is presenting with new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; 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
Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Complaints of chest pain and 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
Cardiac Surgery	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
Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; 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.	1

Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	1
Cardiac Surgery	Approval	78813 PET IMAGING WHOLE BODY		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
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	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

Cardiac 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
Cardiac Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic back pain and needs MRI to see specialist. will up load 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
Cardiac 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>	1
Cardiac Surgery	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
Cardiology	Approval	70450 CT BRAIN, HEAD		; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.	1

Cardiology	Approval	70450 CT BRAIN, HEAD	58 y.o. female with h/o asthma, Syncope s/p PPM (9/2015), NCS s/p HUT (1/2016-on Florinef and Midodrine) here for sooner appt.; Last seen by Dr Beau's team 5/24/2016.; Two days ago she had an episode of dizziness, slurred speech, dragging bo; 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
Cardiology	Approval	70450 CT BRAIN, HEAD	None; 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
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 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
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.	3

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	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
Cardiology	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
Cardiology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Initially saw patient in hospital July 2016 for chest pain, shortness of breath, tachycardia, neuropathy, and carotid stenosis. After appointment for carotid Doppler scan, resulting with abnormal results, a CTA H&N has been ordered. Patient has had rece; There has been treatment or conservative therapy.; Syncope, dizziness, vertigo, headache, shortness of breath; medication management and medical therapy.	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	family hx of cad and stroke; This study is being ordered for a neurological disorder.; Seen in the office on 07/12/2016; There has been treatment or conservative therapy.; syncope; dizziness; stenosis of arteries; TIA like symptoms; Doppler scan	1

Cardiology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	He had an echocardiogram recently which showed moderate aortic stenosis. He also has carotid artery disease of greater than 50% by recent ultrasound which recommended CT scan. Previous DVT.; This study is being ordered for Vascular Disease.; 6/20/2016; There has been treatment or conservative therapy.; He had an echocardiogram recently which showed moderate aortic stenosis. He also has carotid artery disease of greater than 50% by recent ultrasound which recommended CT scan. Previous DVT; patient has history of DVT. Has Ultrasound of carotid doppler and venous doppler and disease of greater than 50%	1
Cardiology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Initially saw patient in hospital July 2016 for chest pain, shortness of breath, tachycardia, neuropathy, and carotid stenosis. After appointment for carotid Doppler scan, resulting with abnormal results, a CTA H&N has been ordered. Patient has had rece; There has been treatment or conservative therapy.; Syncope, dizziness, vertigo, headache, shortness of breath; medication management and medical therapy.	1
Cardiology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;	1

Cardiology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	59 yo female with Cirrhosis (autoimmune; seen at UAMS; awaiting cardiac work up prior to possible transplant) and severe AS here for cardiac evaluation. Diagnosed AS 5/2016. Also diagnosed with cirrhosis then. Both severe. Associated with LE edema; This study is being ordered for Vascular Disease.; 05/01/2016; There has not been any treatment or conservative therapy.; LE edema, DOE and ascitis, fatigue	1
Cardiology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	CTA of arch and great vessels to see if something might need stenting in his chest; This study is being ordered for Vascular Disease.; long history of cardiac disease.; There has been treatment or conservative therapy.; CTA of arch and great vessels to see if something might need stenting in his chest; full medical management on meds and lipitor, plavix and nitro.	1
Cardiology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	family hx of cad and stroke; This study is being ordered for a neurological disorder.; Seen in the office on 07/12/2016; There has been treatment or conservative therapy.; syncope; dizziness; stenosis of arteries; TIA like symptoms; Doppler scan	1

Cardiology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	He had an echocardiogram recently which showed moderate aortic stenosis. He also has carotid artery disease of greater than 50% by recent ultrasound which recommended CT scan. Previous DVT.; This study is being ordered for Vascular Disease.; 6/20/2016; There has been treatment or conservative therapy.; He had an echocardiogram recently which showed moderate aortic stenosis. He also has carotid artery disease of greater than 50% by recent ultrasound which recommended CT scan. Previous DVT; patient has history of DVT. Has Ultrasound of carotid doppler and venous doppler and disease of greater than 50%	1
Cardiology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the Neck.	22
Cardiology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE		1
Cardiology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	1

Cardiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	58 y.o. female with h/o asthma, Syncope s/p PPM (9/2015), NCS s/p HUT (1/2016-on Florinef and Midodrine) here for sooner appt.; Last seen by Dr Beau's team 5/24/2016.; Two days ago she had an episode of dizziness, slurred speech, dragging bo; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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
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 sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	1
Cardiology	Approval	71250 CT CHEST, THORAX		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.	3
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	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.	2
Cardiology	Approval	71250 CT CHEST, THORAX	Addition Med/Surg History: Additional MedicalSurgical History 03-14-2016: XR Chest 1 View Frontal-Right parahilar 9mm lung nodule or vessel. 03-14-2016: CT Angio of Chest (Non Coronary) There is no pulmonary embolism or aortic dissection seen. 9mm nonca; "There is NO evidence of a lung, mediastinal or chest mass 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	congenital abnormality; There is no radiologic evidence of mediastinal widening.; There is not a known inflammatory disease.; There is not a known tumor.; There is known vascular disease.; A Chest/Thorax CT is being ordered.; It is unknown if 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	71250 CT CHEST, THORAX	CT Coronary Arterial Calcium Score:   PATIENT: Rowe, Cam HCA #: 1137247 DATE OF BIRTH: 09/04/1955  Date: 3/30/15  Clinical Indication: Screening for coronary arterial calcified atherosclerotic plaque in an asymptomatic individual.  Quality of; "There is NO evidence of a lung, mediastinal or chest mass 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	KNOWN THORACIC AORTA ANEURYSM, YEARLY 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
Cardiology	Approval	71250 CT CHEST, THORAX	Pt was c/o SOB, hypertension, last CT 2015 found nodules in left 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
Cardiology	Approval	71250 CT CHEST, THORAX	Stress Test 5/2016 Rest and stress spect images demonstrate moderate size moderate intensity reversible defect involving the anterior wall. Small to medium sized moderate intensity reversible defect involving the inferior wall, findings concerening for st; "There is NO evidence of a lung, mediastinal or chest mass 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 radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Know lung nodules needing review for stability per radiologist; "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
Cardiology	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
Cardiology	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

Cardiology	Approval	71250 CT CHEST, THORAX	William E Lloyd is a 62 y.o. male WITH ANGINA AND ABNORMAL EKG AND HIGH CACS 941. Pt has type 2 diabetes and severe obesity; This study is being ordered for Vascular Disease.; William E Lloyd is a 62 y.o. male WITH ANGINA AND ABNORMAL EKG AND HIGH CACS 941. Pt has type 2 diabetes and severe obesity; It is not known if there has been any treatment or conservative therapy.; William E Lloyd is a 62 y.o. male WITH ANGINA AND ABNORMAL EKG AND HIGH CACS 941. Pt has type 2 diabetes and severe obesity	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST		6
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; aortic (valve) stenosis	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/09/2016; There has not been any treatment or conservative therapy.; family history of thoracic aneurysm	1

Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/10/2016; It is not known if there has been any treatment or conservative therapy.; angina pectoris, peripheral vascular disease, hyperlipidemia	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	< 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
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	< 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
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	< 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 physical evidence of re-bleed or re-stenosis.; Yes, this is a request for a Chest CT Angiography.	1

Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	; This study is being ordered for Congenital Anomaly.; ; It is not known if there has been any treatment or conservative therapy.;	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	; This study is being ordered 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	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	; This study is being ordered for Vascular Disease.; pt has known descending aortic aneurysm; There has not been any treatment or conservative therapy.;	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	; 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/NONCON TRAST	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	3

Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	43-year-old gentleman in excellent health with some anxiety was found to have slightly decreased ejection fraction 45-50%, normal rvsp, 4.3 cm aortic root. Patient has no major medical problems no major hospitalizations no major surgeries does not have di; 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/NONCON TRAST	59 yo female with Cirrhosis (autoimmune; seen at UAMS; awaiting cardiac work up prior to possible transplant) and severe AS here for cardiac evaluation. Diagnosed AS 5/2016. Also diagnosed with cirrhosis then. Both severe. Associated with LE edema; This study is being ordered for Vascular Disease.; 05/01/2016; There has not been any treatment or conservative therapy.; LE edema, DOE and ascitis, fatigue	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	ANEURYSM OF ASCENDING AORTA; 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/NONCON TRAST	aortic valve disorders; 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/NONCON TRAST	ascending aorta 4.7 cm just above the root. 3.6 cm at the level of the main pulmonary artery, multiple lung nodules, largest 5mm; 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/NONCON TRAST	CHEST PAIN, SHORTNESS OF BREATH, PALPITATIONS, HYPERTENSION, NEEDING TO RULE OUT RIGHT TO LEFT SHUNT; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for 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/NONCON TRAST	CTA Chest for a pulmonary vein mapping.; 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/NONCON TRAST	cta chest for a pulmonary vein mapping; 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/NONCON TRAST	Dilated aortic root seen on 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 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/NONCON TRAST	Follow up on previous CT thoracic aneurysm 4.6cm on 10/14/15.....; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are no signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	HPI:  Referring provider: Patrick Stage APN _____ Seen in consultation for symptomatic Atrial fibrillation. As you know Mr. Gray has a history of AF since 2011. Reports experiencing more frequent; 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/NONCON TRAST	<p>IMPRESSION: Stable CTA of the chest with no interval change in slight aneurysmal dilatation of the ascending thoracic aorta measuring approximately 3.9 cm in diameter. Dictated by William Deaton, M.D. Electronically signed by William Deaton, M.D. This study is not requested to evaluate suspected pulmonary embolus. This study will not be performed in conjunction with a Chest CT. This study is being ordered for Known 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.</p>	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	<p>known TAA with history of repair. patient has increased chest pain and elevated blood pressure. Need to evaluate for 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 Known Vascular Disease. It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram. Yes, this is a request for a Chest CT Angiography.</p>	1

Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Mr. Caston returns for annual f/u feeling well with excellent BP control on current meds. He would like to reassess his TAA this year, which measured 3.4 cm diameter in March 2015. He has had no palpitations or recurrent PAF and is ow without complaints.; 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/NONCON TRAST	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.; 2014; There has been treatment or conservative therapy.; chest pain and shortness of breath; Medication and follow up films	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	New patient referred by Dr. Davis that was at AHH for DCCV that failed. Pt has persistent afib and is on Eliquis for stroke prevention. Onset 3 months ago. Symptoms include palpitations, dyspnea, fatigued. Poor quality of life. Sleep study pending tonight; 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/NONCON TRAST	Patient is here for follow up on his Afib. He reports that he hasn't felt well lately. He went into Afib on the 3rd.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Patient is here for follow up on his Afib. He went into afib over the weekend and feels very bad and weak. He thinks the testosterone shots converted him back into AF.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for 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/NONCON TRAST	Pre procedure planning for a Biventricular pacemaker.; 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/NONCON TRAST	Pt has know TAA that needs to be checked 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
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	pt has pulm vein stenosis and needs eval for restenosis due to chest pain and a-fib; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Pt here for followup of afib with RVR with recent cardioversion on amiodarone therapy. She felt well for 6 days following the cardioversion and then went back into afib. She is tired, fatigued, short of breath, and feels bad. She has a bad bruise on her r; 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/NONCON TRAST	Pt is having syncopal episodes that are not secondary to an arrhythmia. Echo revealed some aortic root dilatation and there is concern that there is an 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/NONCON TRAST	Symptomatic severe aortic stenosis. Pt being schd for a TAVR; 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/NONCON TRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	21
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	thoracic aortic aneurysm that has increased of echo cardiogram; 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/NONCON TRAST	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 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	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
Cardiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		2
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.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; PT is having numbness of the legs.; PT had CT scan of abdominal aorta with run off.	1
Cardiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	motor vehciel accident 2013; This study is being ordered for trauma or injury.; 2013; There has not been any treatment or conservative therapy.; neck stiffness arm pain and numbness and upper back pain	1
Cardiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		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.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; PT is having numbness of the legs.; PT had CT scan of abdominal aorta with run off.	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	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
Cardiology	Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Yes, this is a request for CT Angiography of the lower extremity.	1
Cardiology	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

Cardiology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON TRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; aortic (valve) stenosis	1
Cardiology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON TRAST	59 yo female with Cirrhosis (autoimmune; seen at UAMS; awaiting cardiac work up prior to possible transplant) and severe AS here for cardiac evaluation. Diagnosed AS 5/2016. Also diagnosed with cirrhosis then. Both severe. Associated with LE edema; This study is being ordered for Vascular Disease.; 05/01/2016; There has not been any treatment or conservative therapy.; LE edema, DOE and ascitis, fatigue	1
Cardiology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON TRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	14
Cardiology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCON TRAST		1

Cardiology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCON TRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/09/2016; There has not been any treatment or conservative therapy.; family history of thoracic aneurysm	1
Cardiology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCON TRAST	; This study is being ordered for Congenital Anomaly.; ; It is not known if there has been any treatment or conservative therapy.;	1
Cardiology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCON TRAST	; This study is being ordered for Vascular Disease.; pt has known descending aortic aneurysm; There has not been any treatment or conservative therapy.;	1
Cardiology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCON TRAST	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.; 2014; There has been treatment or conservative therapy.; chest pain and shortness of breath; Medication and follow up films	1
Cardiology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the abdomen.	9
Cardiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

Cardiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; 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.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; abdominal pain, nausea, and vomiting	1
Cardiology	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; tenderness on the right upper quadrant, which appeared to be a deeply addressable mass	1
Cardiology	Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	NA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; Benign Essential Hypertension uncontrolled despite medications.; Lisinopril HCTZ 25-20MG, hydralazine 100MG, Verapamil 240mg, Labetalol 200mg, Tekturna 150mg.	1

Cardiology	Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	This is a request for a MR Angiogram of the abdomen.	2
Cardiology	Approval	75557 Cardiac MRI Morph & structure w/o contrast		1
Cardiology	Approval	75557 Cardiac MRI Morph & structure w/o contrast	This is a request for a heart or cardiac MRI	17
Cardiology	Approval	75572 CT Heart	This is a request for a Heart CT.	15
Cardiology	Approval	75573 CT Heart Congenital Study	This is a request for Heart CT Congenital Studies.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA		3
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	CTA of arch and great vessels to see if something might need stenting in his chest; This study is being ordered for Vascular Disease.; long history of cardiac disease.; There has been treatment or conservative therapy.; CTA of arch and great vessels to see if something might need stenting in his chest; full medical management on meds and lipitor, plavix and nitro.	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.	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.; Family history of CAD; 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.; ; Yes, there is Chronic Chest Pain.	2
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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.; ; Yes, there is Chronic Chest Pain.	5
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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.; 1. Mr. Youngblood has continued exertional chest pain. The differential diagnosis is wide and could include chronic intermittent pericarditis, pleurisy related to pleural inflammation, and pulmonary parenchymal abnormalities. I would highly doubt that ; Yes, there is Chronic Chest Pain.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; chest pain,; Yes, there is Chronic Chest Pain.	1

Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; chest pain; Yes, there is Chronic Chest Pain.	2
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.; complaining of intermittent pressure in the chest; 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.; He had episode of chest pain one month ago. he described it as elephant on chest and it lasted several hours and he went to med attention. There was associated severe SOB when he lay down. his initial eval was OK and he was sent to me. No recurrence.; 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.; History of hypertension, hyperlipidemia, BMI of 44, chol 203, had abnormal EKG, negative stress echo. Complaints of chest pain and shortness of breath; 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.; Mrs. Barclay is a new patient referred by Dr. Martindale for an abnormal stress test. She had a RSE in June 2016 that was suggestive of ischemia. She reports occasional episodes of chest pain that radiated to her back. Her symptoms are not associated with; 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 after being referred by Dr. Thompson. He told her she had an abnormal ECG. She denies any chest pain or shortness of breath. She does have occasional palpitations and swelling in hands and ankles. She has a history of possibly a TIA; 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 to establish care with us. She was referred by Pam Winston for palpitations. She wore a 24 hour holter monitor last month. She notices the palpitations more in evening when shes relaxing. She stopped caffeine but continued to have p; 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 to establish care. Referred by Dr. Thompson, was inpatient ACMC 2-3 weeks ago for chest pain. Patient states he has been having chest pain/burning. He describes it as tightness, pain, and burning scale 6 or 7 out of 10. States the e; 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.; Unexplained chest pain; Yes, there is Chronic Chest Pain.	1

Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	There is "Acute Chest Pain" or Angina.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; &Additional Clinical Information>; No, there is no Chronic Chest Pain.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	There is "Acute Chest Pain" or Angina.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; ; No, there is no Chronic Chest Pain.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	There is "Acute Chest Pain" or Angina.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; The patient is having these recurrent chest pain episodes. Reportedly he had an exercise treadmill stress test done which was negative. He continues to have these progressively worsening chest pain episodes that are really concerning. We will plan car; No, there is no Chronic Chest Pain.	1

Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	2
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	2
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. Chest discomfort concerning for angina pectoris. She has had prior treadmill stress echocardiogram negative for ischemia, now she is having exertional symptoms of jaw discomfort, chest discomfort, much concerning for ischemic heart disease and angina	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 an abnormal ekg	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; It is not known if patient did not have a Nuclear Cardiology study within the past six months.; chest pain with strong family hx of CAD.	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, dizziness	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, Doe, and palpitations.	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, sob	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.;	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 known coronary disease.; <Additional Clinical Information>	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 known coronary disease.; patient has known high cholesterol and htn. known obstructive sleep apnea, 1 heart and MI in 2014. Currently presenting with chest pain on exertion. substernal and burning sensation. worse on exertion. also back pain associated with it. He is a fire fight	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).	6
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 .; Probably positive DSE for myocardial ischemia; Yes, this patient has an equivocal or uninterpretable stress test (exercise, perfusion, or stress echo).	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for prior equivocal or uninterpretable cardiac imaging .; SUSPECTED CAD, SUBOPTIMAL STRESS ECHO DUE TO INADEQUATE HEART RATE; Yes, this patient has an equivocal or uninterpretable stress test (exercise, perfusion, or stress echo).	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for prior equivocal or uninterpretable cardiac imaging .; SUSPECTED CAD. SUBOPTIMAL STRESS ECHO DUE TO INADEQUATE HEART RATE; 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.; 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.; abnormal results found from previous testing. doctor wants to look at patient's coronary arteries due to his continued chest pain syndrome.	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.; chest pain- he continues to have chest pain and sob. He was seen by pulmonary and reports nothing wrong with his lungs. His MPI showed a mod fixed defect in the basal inferior wall c/w attenuation artefact	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.; Nondiagnostic nuclear stress test with need for coronary angiography. I think she would be a better candidate for CT coronary angiography than she would be nuclear-based angiography since there are a plethora of causes of hypotensive blood pressure respon	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.; None	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.; reports chest discomfort at present time described as an ache that radiates under her left arm. Normal Lexiscan myocardial perfusion study	1
Cardiology	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C- /C+ POST-PXESSING		5
Cardiology	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C- /C+ POST-PXESSING	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/10/2016; It is not known if there has been any treatment or conservative therapy.; angina pectoris, peripheral vascular disease, hyperlipidemia	1
Cardiology	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C- /C+ POST-PXESSING	< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 not been any treatment or conservative therapy.; shortness of breath fatigue cant walk a long distance	1

Cardiology	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C- /C+ POST-PXESSING	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 9/7/2016; There has been treatment or conservative therapy.; recent AVI that was abnormal. dyspnea on exertion, cardiac murmur. can not walk 1 block with pain.; medications.	1
Cardiology	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C- /C+ POST-PXESSING	abnormal cath and abnormal abi's; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; Fatigue and SOB. Intermittent claudication; Patient underwent LHC on 7/5/2016 with PCI to RCA.	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.	47
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		26
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. > Strong family history of CAD at young age . Current abnormal EKG associated with chest pain 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

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).	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.; 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
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).	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.; 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).	9
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).	4
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).	11

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.; 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	< 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).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient'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

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 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	21
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; It is not known if the patient is presenting with new symptoms of chest pain or significant EKG changes.; The patient's age is between 45 and 64.; 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. >; This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/7/16; There has not been any treatment or conservative therapy.; shortness of breath fatigue cant walk a long distance	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; about 14 days ago; There has not been any treatment or conservative therapy.; chest pain and sob	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 9/7/2016; There has been treatment or conservative therapy.; recent AVI that was abnormal. dyspnea on exertion, cardiac murmur. can not walk 1 block with pain.; medications.	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.; 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
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).	7

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).	9
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).	16
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).	4
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'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
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).	4
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 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).	3

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.; The patient'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	; 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).	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; 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 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	; 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

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 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	; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is 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	; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient'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	; The study is being ordered for suspected CAD.; The 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.	4
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; 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.	30

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

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; 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	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	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 study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; It is not known if the patient is presenting with new symptoms of chest pain or significant EKG changes.; The patient's age is between 45 and 64.; 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	; 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 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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This study is being ordered for Vascular Disease.; 03/01/2012; There has been treatment or conservative therapy.; shortness of breath/exertional, weakness and fatigue.   Patient denies symptoms of frank chest pain indigestion palpitations syncope lower extremity edema .; Date of cardiac cath: 12/17/15 DES to LCA.   Additional MedicalSurgical History 12/17/15 Atherectomy and angioplasty of Left common femoral artery .	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1. Left atrial enlargement. 2. Moderate concentric left ventricular hypertrophy.  Pressure like chest pain, exertional dyspnea and fatigue  Tobacco use Obesity; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	2+ years post CAB. Hurts in chest after heavy lifting. SOB and cough is actually improved. Followed by Dr. John for this. No swelling. No palp. or syncope. Intolerant of statins. Says chol. is normal lately per Dr. Simon. Nonsmoker.; 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	40 y.o. female with recently diagnosed SLE, HTN here for cardiac evaluation. For the past 6-8 months she c/o chest pain. Pressure-like. Substernal. Mild. Lasts for 5-10 to 1-2 hours. Associated with SOB. Worse with exertion. Progressive. O; 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	44 y.o. male with h/o hypothyroidism; For the past 1-2 months he c/o chest pain. Associated with bradycardia and fatigue. Substernal. Pressure-like. Lasts for 5-10 minutes. Not worse with exertion. Progressing lately. Associated with SOB. Symptoms ; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	44 year old female with hypertension, palpitations, chest pain and dizziness & giddiness.; 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	56 year old female with hypertension, nonrheumatic mitral valve disorder, chest pain and abnormal ekg.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	59 year old female with edema, obesity, chest pain, hypertension, 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 had previous cardiac surgery or angioplasty.; It is not known if there are new symptoms or changing EKG findings.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	59 year old male with palpitations, chest pain, abnormal ekg and strong 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.; 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	61 yo with Htn, GERD here for SOB and dizziness.; For the past one year he c/o SOB. Progressive. Worse with exertion. No associated chest pain. Lasts for 5-10 minutes.; Also c/o dizziness which may or may not occur at the same time as the SO; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	62 y.o. female with h/o tobacco abuse, GERD, DVT (Warfarin, last INR 3.1), HLD, HTN here for cardiac eval.; For the past 2 months she c/o SOB. Moderate. Worse with exertion (NYHA). Lass for ~ 5 minutes. Progressive. Associated with left arm 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	64 year old male with paroxysmal atrial fibrillation, chest pain, abnormal ekg, and syncope & collapse.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	A 41-year-old lady, severely overweight BMI 40.7, with hypertension, hyperlipidemia, strong family history of premature coronary artery disease presented with newly developed dyspnea on exertion and chest pain relieved by the rest.; 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	ABN-EKG  Hyperlipidemia; 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	abnormal cath and abnormal abi's; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; Fatigue and SOB. Intermittent claudication; Patient underwent LHC on 7/5/2016 with PCI to RCA.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Abnormal Ct was done 6/13/2016 Shows CAD; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	abnormal ecg; Chest Pain-mid chest, pressure; tightness; heaviness, right arm pain, moderate; pain level 7/10, worse with activity; Associated Symptoms: fatigue; nausea. worse with activity; Associated Symptoms: fatigue; nausea; 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	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 and is overweight; 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	abnormal ekg and new 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	Abnormal EKG that was taken at her pain doctor's office. Noted to have T-wave inversion.; 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	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	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).	3

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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	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	ANGINA PECTORIS (I20.9): with recurrent symptom complex with exertion and relieved with rest and NTG; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	angina, hypertension, bradycardia, shortness of breath, unable to walk on a treadmill due to chronic back pain, bilateral leg pain, former smoker, obesity; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Angina, HTN, 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	April Fibrillation. Palpitations. Hyperlipidemia.; 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	Arteriosclerosis of native coronary artery w/ other form of angina pectoris; Shortness of breath: SOB/DOE; Dizziness; Varicose veins of leg w/ pain; Varicose veins of leg w/ edema; 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	Because the patient has significant left axis deviation, it is not prudent to perform and exercise treadmill stress test since it may be difficult to interpret the results even though she does not have any significant ST or T wave abnormalities. The pat; 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	blurry vision, tightness in neck, dypnea on exertion; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	C/O CHEST PAIN AND DIZZINESS. HAD SUBOPTIMAL STRESS ECHO DUE TO HEART RATE; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	c/o chest pain during times of anxiety occasionally, feeling like a dull ache and is midsternal and lasts a few 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

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	C/o chest pressure lasting 30 minutes, radiating to left shoulder; worse with exertion, relieved by rest. Chest pressure is associated with SOB, diaphoresis and 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	c/o sharp quick pain over left breast, happens 2-3 x's a mo; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	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).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CAD; 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).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CAD; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Cardiac Arrhythmia, Murmur, Palpitation.  Patient having dyspnea on exertion.; 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	Cardiology consultation this 48-year-old gentleman. He comes today with chief complaint of chest pain shortness of breath and palpitations. Over the last 6-9 months he has developed progressive fatigue, he has noticed when he exercises such as working in ; 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 and leg pain; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Chest discomfort, being evaluated for dyspnea(shortness of breathe); 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, essential hypertension, hypertension with unspecified goal, hyperlipidemia with target LDL less than 100. 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	chest discomfort; 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 heaviness, other chest pain, essential hypertension. Patient with a past history of hypertension, tobacco use disorder recently quitting, here for evaluation of chest discomfort. Describes chest discomfort it occurs with and without activity, when i; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Chest Pain is a recurrent problem. The current episode started more than 1 week ago. The problem occurs every several days; Palpitations is a recurrent problem. The current episode started 1 to 4 weeks ago. The problem occurs every several days; 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	chest pain 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).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Chest Pain , did not reach heart reach , was inconclusive needs further 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CHEST PAIN AND HYPERTENSION, PALPITATIONS, FAMILY HISTORY OF CAD, HEAVY TOBACCO SMOKER, WEIGHS 285 LBS; 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 and severe shortness of breath, fatigue with severe headaches 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain w/jaw and back pain, diaphoresis; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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 w/left arm tingling, 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain with multiple risk factors for CAD. Midsternal chest discomfort. Presence of cardiac pacemaker; 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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Chest pain, associated with shortness of breath, nausea, heart palpitation. ekg Normal sinus rhythm. ST segment depression in inferior lateral leads suggestive of inferior lateral subendocardial injury; 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, DYSPNEA, DYSPNEA ON EXERTION, EDEMA IN LOWER EXTREMITIES, ABNORMAL ekg, hypertension (130/96, morbid obesity, CRI stage 1, smoker, edema bilateral; 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, dyspnea, palpitations, abnormal ekg morbid obesity; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Chest Pain, HTN, SOB; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; 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	CHEST PAIN, HTN, TIA, CAD, SEVERE FATIGUE, UNKNOWN FAMILY HX/PT HAD STROKE & WAS IN ER OUT OF STATE.; 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 PAIN, HYPERLIPIDEMIA, CARIOMYOPAHTY, TRICUSPID VALVE INSUFFICIENCY, FAMILY HX OF CAD, SMOKER; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; 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, Palpitations, Cardiac arrhythmia, Left ventricular hypertrophy,; 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, Palpitations, Coronary atherosclerosis, shortness of breath when walking, Atherosclerosis of native arteries of the extremities; 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	CHEST PAIN, PALPS, TRICUSPID VALVE INSUFF, NEAR SYNCOPE, MS, SMOKER, FAMILY HX OF CAD; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain, shortness of breath, dizziness, 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	Chest pain, shortness of breath, dizziness, nausea, near syncope, abnormal ekg, history of supraventricular tachycardia; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain, shortness of breath, fatigue, dizzy spells, overweight. Jenny Patricia Guzman is a 38 y.o. female who presents to establish care. She would like to start seeing Dr Vengala in our clinic. She denies any pertinent history. She is not a smoker. D; 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, shortness of breath, hypertension, hyperlipidemia; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain, shortness of breath, 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	Chest Pain, SOB, HTN; 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	Chest pain, substernal, started last week, associated with dyspnea. Severe dyspnea, worsening with activity, constant throughout the day. No improvement with antacids.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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, tightness, 1 year f/u, Chronic congestive heart failure - Diastolic, Coronary Artery Disease-S/P PCI, Hypertension, Dyspnea; 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	chest pain, to rule out coronary artery 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	Chest pain. Shortness of breath. Hypertensive. Hyperlipidemia. Diabetic.; 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 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
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 pain; 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	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	CHEST PAINS, SHORTNESS OF BREATH AND PSVT; 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, shortness of breath, history of surgery at age 3.; 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 pressure; Dyspnea on Exertion; CAD; Sinus Rhythm PVC's; 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	chest pressure, shortness of breath, palpitations. Patient with no prior cardiac history and no family history of coronary disease here for evaluation of chest discomfort symptoms. Describes onset to be approximately 3 months ago, with substernal chest he; 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	Comes in for further evaluation of his recent onset of chest discomfort which is located all across his chest and feels like pressure and lasts for several minutes also accompany with SOB at times. No prior CAD. EKG shows NSR. His DM uncontrolled. His BP ; 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	complaints of nonexertional chest pain he describes as sharp pain/soreness. States it lasts 5-10 minutes and is relieved on its own. Has been present for the past couple months. He also complains of shortness of breath with exertion; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	complaints of nonexertional chest pain she describes as sharp pain. States the pain lasts 5 minutes and is relieved on its own.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	complaint of mid sternal dull pressure and dyspnea on exertion. History of atrial fib , asthma, hypertension , hiatal hernia. sleep apnea; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	Complaints of chest pain and palpitations. Hypertensive in office and has BMI of 40; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	complaints of Chest Pain that lasts around 5-10 minutes and is self relieved; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	COMPLAINTS OF CHEST PAIN, DIZZINESS, AND UNCONTROLLED HYPERTENSION . BP IN OUR OFFICE WAS 177/109; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	complaints of chest tightness and coughing, facial flushing, fatigue, fluttering heart beats and shortness of breath with and without 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	complaints of chronic DOE#x0D; that is getting progressively worse. mild AS, trace MR and mild diastolic dysfunction; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	complaints of mid sternal chest pain, he states he has dyspnea, dizziness and palpitations with his chest pain; low energy levels, snoring, edema; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Complaints of shortness of breath, palpitations and dizziness. History of hypertension and DVT; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	coronary artery disease, previous stenting of her LAD in 2003 needs to have abdominal aorta bypass for occlusion. patient has not had cardiac evaluation since her stents. Patient does not have diabetes, she does smoke heavily. she has no edema, no unusual; 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	CP 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

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CP HTN ABN-EKG Murmur; 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 Hyperlipemia Presence of ischemic burden; The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient had a recent non-nuclear stress test.; The results of the previous nuclear cardiology study were not normal.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	cp, excessive fatigue, family history of heart disease; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	cp, hypertension, hyperlipemia; 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	cp, 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	CP, SOB, PALPS, EDEMA, FATIGUE; 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	cp; sob; hyperlipidemia; hx cad; echo done; needs mpi; 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	CP; 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	Diabetes  Mixed hyperlipidemia Shortness of breath Moderate Weakness Benign hypertension Angina pectoris Other specified diabetes mellitus w/ complication Family history of ischemic cardiac 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	diabetes / HTN / hyperlipidemia; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	diabetic, 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	diabetic, hypertension, obesity, abn ekg; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Dyspnea on exertion: Unclear etiology. Ischemia versus related to underlying COPD. With her multiple risk factors, will refer her for a MPI; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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, hyperlipidemia,hypertension; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	dystrythmia; r/o mi; 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	Echocardiogram (09/29/2015) Visually estimated EF: 75-70%, with normal regional wall motion. Mild (grade 1) left ventricular diastolic dysfunction. Mild concentric left ventricular hypertrophy. Normal left atrium and right chambers structure. Mild mitral ; 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	EKG HAD POSSIBLE INTERIOR INFARCTION; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	ekg showing left posterior block, shortness of breathe and 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	emergency stent placement to his RCA. Patient has been noticing low blood pressures with the weakness. Abnormal EKG, Recurrent angina, hypertension on multiple cardiac medications; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Enter answer here - or Type In Unknown If No Info Given; Patient having chest pain and SOB after stopping anti-platelet therapy from previous cardiac stent.; 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	Enter answer here - or Type In Unknown If No Info GIVEN; This study is being ordered 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	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Essential (primary) hypertension; Chronic diastolic (congestive) heart failure; A fib: Paroxysmal; Shortness of breath: SOB/DOE; Fatigue; Arteriosclerosis of native coronary artery w/ other form of angina pectoris; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	Essential (primary) hypertension; Mixed hyperlipidemia; Other specified diabetes mellitus without complications; Abnormal finding on diagnostic imaging of legs: Abnormal PVR - occlusive disease; Arteriosclerosis of native coronary artery w/ other form of; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the 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	Evaluate dyspnea; 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	evaluation after abnormal EKG, history of hypertension BP in office 184/108.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	Evidence in the lachemia territory of diagonal or circumflex.; This study is being ordered as a pre-operative evaluation.; 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Exercise NM Stress. Hypercholesterolemia w/ LDL of 196, chest pain. dyspnea and dyspnea on exertion, 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	exercise nuclear for chest pain and tightness and experiencing on rest as well.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Exertional chest pain and pressure, HTN, Hyperlipidemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Fatigue, daily lack energy, no associated angina or syncope, appears statin side effect...add CO Q 10 and stop statin 6 months,,requests stress test needs DOT, his ECG abnormal.; 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	fax; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the 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	Follow up; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Followup appointment for evaluation of chest discomfort. The patient is having increasing substernal chest sensation that is described as index substernal heaviness of moderate to severe intensity, exacerbated by exertion and associated with increased sho; 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	Had 1 week ago episodes left arm pain at rest for 3 hours, associated right precordial chest pain and dyspnea, and dyspnea worse, with exercise, and associated 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	Had cardio catheterization- Obesity; 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

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	has a hx of hypertension, referral from Dr. Seen for intermittent dyspnea. atypical epigastric discomfort intermittent chest tightness. Concerned about LS dysfunction verses CAD. 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).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	He ahs been doing well. No chest pain, SOB, DOE, orthopnea, PND, dizziness, syccope, palpitation.; 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

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	He has a known history of SSS, PACEMAKER, and HTN. Having chest pain/pressure with radiation to his shoulder blades associated with SOB, nausea, and diaphoresis. On occasion this has awakened him from his sleep. He has a family history of CAD with grandfather; 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	he has exertional chest pain accompanied by dyspnea and diaphoresis; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	high blood pressure- syncope -; 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	history of type 2 diabetes, hypertension, and hyperlipidemia. Episodes of syncope and history of heart murmur; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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 CHF; 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	Htn SOB CP chest heaviness bilateral leg 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	Hyperlipidemia; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	hypertension, hyperlipidemia, cad w bp; 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	hypertension, hyperlipidemia; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient'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	hypotensive; 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Imaging is necessary given that patient has abnormal baseline EKG. myocardial perfusion imaging study using exercise. 3-4 weeks chest pain, sharp and severe in intensity radiating into neck, dyspnea and diaphoresis.; 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	IMPRESSION/PLAN 1. Chest pain with some features suggestive of angina in this 56-year-old woman with virtually all risk factors for coronary artery disease. She is obese and unable to perform stress test. I will arrange for myocardial perfusion scan i; 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	intermittent chest pain with/without exertion. Near syncopal episode. hx of ablations for SVT & atrial flutter. longstanding hx of hyperlipidemia and strong family fx of CAD; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	It has been 2-1/2 years since the patient suffered an anterior wall MI and underwent stent deployment in the LAD.; 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	Know CAD w/elevated blood pressure, Pt has COPD and unable to walk on 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 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Known CAD with new Chest pain, HTN, and Hyperlipidemia; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; 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	KNOWN CAD, 5 STENTS PLACED IN 6/2014; 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	Last EKG on 8-4-16 was abnormal and could represent ischemic change; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	Left Ventricular Function, hypertension; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent stress echocardiogram.; The results of the previous nuclear cardiology study were normal.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Left ventricular hypertrophy; Morbid obesity; Hypertension ; Chest pain (R07.9): recurrent with abnormal ECG; 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	Lt hand numbness; weakness in both legs; 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	midsternal chest pain that feels like a "contraction," with and without exertion that occurs intermittently; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	midsternal chest pressure that lasts for a few sec , happens most every day but none in last week , and has been goin on for 2 mo; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	<p>morbid obesity, 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).</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Mr. Brazil is referred for edema. He was in the ER recently. Was in opiate rehab in Alabama and had lower extremity edema bilaterally, ultimately went to ER there and came back to AR for further evaluation. Was started on lasix/KCl and got a dose of IV la; 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	Mr. Crumbly is referred by our Keep the Beat program for an elevated coronary calcium score of 448. He denies chest pain. He does have some dyspnea with really strenuous activity and thinks this is just related to sedentary lifestyle. Strong 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	Mr. Doughty comes in for initial evaluation. He has significant cardiac risk factors of diabetes hypertension and hyperlipidemia. He also has a brother that's a year older than him who has already had stents and a heart attack. He doesn't smoke. He's ; 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

Mr. Holzauer presents after KTB screening showed moderately elevated coronary calcium. No chest pain, angina, or exertional limitations. Strong family history of premature CAD. abnormal EKG; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

1

Cardiology

Approval

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

Mr. Lutrick is a 59 yo man new pt referred by Dr. Burton in Malvern. He has never seen a Cardiologist. He has hx of cardiomyopathy, CHF, COPD, Hep c. Most of his problems started a few months ago. He complains of SOB. He was recently tol; 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	Mr. Rada comes in for initial evaluation. He has + tobacco abuse, COPD, HTN and HLP. He has exertional chest pressure and DOE. Lung vs heart. He denies a CHF symptoms or sleepy. Most of his chest pressure and shortness of breath is with exertion. He also ; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	Mr. Rollans comes in for follow-up last seen January 2015. He has history of CAD with CABG in the past. He continues to do well without chest pain, angina or syncope. No CHF symptoms. His blood pressure is controlled.; 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	Mr. Winston is referred for cardiac evaluation. He went to the ER on 08/07/2016 for complaints of chest pain. He has a past medical history of chronic hypertension, chronic hypothyroidism, and chronic tobacco use. He presented to the office today with c; 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	Mrs. Carruth is a 55 year old female patient with a strong family history of early death and heart disease. She had a recent hospital stay related to complaints of chest pain, dizziness, shortness of breath 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.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Mrs. Dvorshock comes in for follow up last seen May 2015.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	Ms. Davis is a new patient here for cardiac evaluation of LVH and enlarged heart. She had a EKG at PCP office that she was told was abnormal and advised to come in for further evaluation. She has been experiencing frequent episodes of palpitations for 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 30 to 39	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Ms. Hughes is here to establish care. She has a history of HTN. She has a family history of CAD. Her mother passed from a myocardial infarction at the age of 59. She denies angina. She does have dyspnea likely related to smoking. She is on Dulera, Spiriva; 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	near syncope, type 2 diabetes mellitus without complication, dizziness, tobacco use. Atypical symptoms, will check echo and stress to evaluate further. Had DM for about 2 years. Establishing care with new doctor, encounter for. EKG - NSR.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	needs dot clearance, cad w bp, hypertension; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	NEW ONSET CHEST PAIN, SOB, HTN, PVD, SMOKER, FAM HX, SCHOLIOSIS, CHRONIC BACK PAIN; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	NEW ONSET CHEST PAIN. HTN, HYPERLIPIDEMIA, SYNCOPE, TRICUSPID VALVE INSUFF, CHF, SLEEP APNEA, SMOKER, FAMILY HX OF CAD; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	new onset chest pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/17/2016; There has not been any treatment or conservative therapy.; Pt is having a typical chest pain, SOB, heart palpitations, is diabetic, showed L Anterior Block on 8/4/2016, dizziness and fatigue.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	New patient chest pains last 6 months, precordial across chest, radiating arm and legs and with tingling, associated dyspnea and fatigue and weak legs....wakes up night dyspnea..he is smoker...; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; 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	New patient consultation for history of edema, dyspnea, chest pain.; Cardiac risk factors include smoking, hypertension, family history. Lipid status not known.; Past medical history includes hepatitis C on treatment by liver specialist currently, anxiety; 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	New patient referred by Dr. Flaherty for eval of paroxysmal palpitations. One year ago was eating lunch one day and had fluttering substernally. Holter was done at that time and was negative other than some PVCs. Atenolol helps. 3 months ago, started havi; 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	New patient referred Dr Charles smith with asymptomatic atrial fibrillation, no dizziness, or dyspnea, or angina...non smoker.; 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	New patient with chest pains since May this year, precordial, at rest, very short episodes, last seconds, no radiation, not associated with dyspnea,,,,she is non smoker has thrombocytopenia ..with hepatic cirrhosis.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	NEW PATIENT, INITIAL EVALUATION, CHEST PAIN, HTN, TRICUSPID VALVE INSUFFICIENCY, SMOKER, FAMILY HX OF CAD; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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	Non diagnostic stress EKG; The patient is a white male who has been diagnosed with atrial fibrillation and mitral valve disease. He was re admitted with congestive heart failure and atrial fibrillation and was started on amiodarone. He has had no reoc; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Non-diagnostic stress echocardiographic study due to inability to achieve target heart rate; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	none 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).	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.; Unknown.; It is not known if there has been any treatment or conservative therapy.; Unknown.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	none; 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	none; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	none; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	3

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Other chest pain; Palpitations; Shortness of breath; Other fatigue; Benign hypertension; Atherosclerotic cardiac disease; Other form of dyspnea; Disorder of thyroid; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	other chest pain, benign hypertension, hyperlipidemia, family history of coronary artery disease. Patient seen in ER on 9/8/16: 46-year-old female with acute, sharp chest pain radiating to her back. Her EKG shows no acute ischemic changes. She denies any; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Palpitation  Hyperlipidemia CAD; 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	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	pat has history of hypertension and abnormal ekg and pat is current smoker and is having muscle and backache. Seen in ER 7/15 was to follow up with cardiologist; 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	Patient , Hyperlipidemia and hypertensive , chest pain , shortness of breath and diabetic; 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	patient complains of chest pain, fatigue and SOB and had a positive RSE with ischemic changes in the inferior and lateral 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

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient complains today of daily, intermittent chest pain with no radiation. He describes his chest pain as "tingling and sore" with no noted alleviating factors, he reports it goes away on its own. He also reports intermittent palpitations. Past Medical ; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	Patient had a positive rest stress echo today with inferior ST depressions of 1-2mm; 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	Patient had 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	patient has chest pain , shortness of breath , has history of hyperlipidemia; 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	Patient has chest pain, history of smoking, and family history of CAD; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient has hyperlipidemia, diabetes, palpitations, syncope; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	Patient has Hyperlipidemia, hyper tension and congestion heart failure.; 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	Patient has Hyperlipidemia, Hypertension, diabetes, pre-cardio pain.; 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	Patient has 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

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient has valvular disease with mild to moderate aortic insufficiency and chest discomfort and results of nuclear stress will determine future treatments; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	patient hypertensive heart disease/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	Patient is a smoker. Discussed Past Medical History COPD: Y Cancer: Y - Lung Emphysema: Y GERD: Y Heart Disease: Y; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient is currently symptomatic who feels a weight on her chest for past 3-4 months, occasional heart pounding since 12/2015, strong family history on father's side of coronary disease (grandfather had MI and deceased age 42), (grandmother had bypass sur; 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	PATIENT IS DIABETIC, HAS CHEST PAIN ;; 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	Patient is having chest pain with shortness of breath and has a BMI of 37 and cannot exercise; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient is on oxygen; severe lung disease. rectal surgery for cancer. CAN NOT do treadmill. glaucoma .; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient is present with chest pain and 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.; 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	Patient morbid obese, chest pain and dyspnea and abnormal ekg w/ family history of CAD; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient presents today with complaints of intermittent palpitations associated with chest pain and 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	Patient was seen by Dr. Davis on 6/28/16 for recurrent episodes of near syncope. He states he will become rather markedly dizzy and feel like he's about to pass out but he has never lost consciousness. He's also been having intermittent chest discomfort t; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	Patient was unable to reach her target heart rate on stress echo. She has recently been diagnosed with diabetes , and she has HTN and is currently a smoker; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient with a history of HTN, and tobacco use disorder, here for evaluation of recent escalating blood pressures. Reports new headaches and blurry vision. Has non-activity related chest discomfort, denies and LEE, palpitations, presyncope or syncopal epi; 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	PCI 5 months ago wanting to start exercise program; 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	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	PMH of chest pain, HTN, GERD; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	Presents complaints of shortness of breath, history of hypertension and hyperlipidemia. Pts BP was 153/78 in office; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	Pressure like chest pain and dyspnea for 3-4 weeks; # Shortness of breath (R06.00); # 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	previous left heart cath; 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	Pt did the keep the beat program yesterday and his total score was 623.0 Denies chest pain or pressure but does admit to some fatigue that has not been normal for him.; 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	Pt does have hyperlipidemia and 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	pt had congenital heart defect, patent foramen ovale, which was repaired as toddler. She has also had heart valve repair. She is experiencing chest pain currently. She is needing foot surgery and needs cardiac clearance for surgery since she is current; 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 has coronary atherosclerosis , hyperlipidemia, 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

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt has history of hypertension, hyperlipidemia, and svt. 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	pt has hyperlipidemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt has hypertension, hyperlipidemia; breast cancer; needing pre-op clearance for Lt mastectomy; had an abnormal ekg; SOB with exertion; strong family hx for 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.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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 just had a stent placed and having new chest pain and has an abnormal ekg; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt has new onset of chest pain SOB and abnormal treadmill stress test; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt having chest pain, radiating. Arm numbness, Pt is smoker, leg and back 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	Pt having chest pain. Was schd for stress echo but because of her ATAA they are changing it to a MPI; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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 here for echo results. Denies any cp. Pt is limping today and states that Patti Rivers told him he has blockage to right leg. States that he had a "dye test done on Thursday" but has not received results yet. States that he is in a lot of pain with leg; 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	Pt here for echo results. Denies cp. Admits to SOB associated with her COPD and also c/o fatigue. She reports her fatigue has becoming increasing 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt here for followup of CAD and post cath procedure. He is waiting to hear if he needs bypass surgery or coronary intervention. He has some chest pain. He denies any syncope. He has not had any AFIB. He is on Multaq therapy.; 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

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt here for followup of cad and previous ptca/stent placement. His main complaint is headaches. He thought it was heat related but they have persisted despite cooler temperatures. He feels he cannot get enough to drink. He has a headache now. Has chest 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.; 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt is diabetic; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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 is having ongoing chest pain and PVC with ventricular bigeminy pt is not able to walk on a treadmill due to being in a wheelchair.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	PT is having shortness of breath chest pain abnormal ekg cardiac clearance for spinal surgery ED july for chest pain and one side lower extremity pain PT has never had a 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt is hypertensive; cp;; 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 needs a pharmacological stress test as he is unable to climb one flight of stairs due to DOE, he is c/o increasing worsening chest pain, x 1 week. Referred to us for syncope and collapse. Lexiscan to evaluate for cardiac ischemia.; 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 referred by Dr Smart because yesterday while driving he had chest discomfort and facial pain more specifically right jaw pain. States that he had some SOB with this. States that he took aspirin when he got home and felt better within 30 minutes. Had ch; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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 referred for intermittent chest pain. Episodes last a few seconds. Last episode about 3 weeks ago. Pt states that she did have a little dizziness and SOB with episode.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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 seen in ER for chest pain and hypertension. Has known renal failure; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt states that a few weeks ago he started having "weird sensations" in his chest. States that his reflux medicine was doubled and that helped after a few weeks but was told to keep appointment. Pt states that Dr Davis did put him on a heart monitor for 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.; 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 states that he has had intermittent chest pain "tightness" and racing heartbeat. States that he does not feel well at all today. Pt is pale and a little diaphoretic this afternoon. Pt states that he had an episode about 2 weeks ago at work where he alm; 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 states that she has been having chest discomfort and left arm pain off and on for a while now. Worse lately. Is currently having left arm "ache" at 4 on 0 - 10 scale. Denies any nausea, sob or diaphoresis with episode. States that episodes are about 3 ; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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 states that she has been having chest heaviness. Pt admits to "heaviness" today but not painful like it was yesterday. Denies radiation, nausea or sob but admits to diaphoresis yesterday.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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 states that she started having cp from right side to left on sunday. Also having sob stating that she wakes up choking at night. States that she coughs to the point of having to throw up. Had bad headache and cp on last Thursday.; 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 suffers chest pains.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the 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 suffers with diabetes and chest pains.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the 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 w/chest pain and 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	pt w/chest pain, htn and 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt w/known CAD; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient 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

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt was recently seen in er for c/o chest pain and 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	PT was seen in the er for atypical chest pain. Has a history of hypertension and hyperlipidemia; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt was seen in the hospital for chest pain and 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	Pt was seen in the hospital for chest pain, shortness of breath, hypertension and history of stroke; 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 with known CAD having worsening 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	Pt with known CAD with new chest pain prior 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 requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt with known dialated cardiomyopathy EF of 40% pt has chest pain and shortness of breath; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	R/O CAD with worsening chest pains and SOB.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	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).	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	R/O 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	r/o CAD; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/11/16; There has not been any treatment or conservative therapy.; Chest pain, Shortness of breath on exertion, Pt is very Obese and can't exercise; abnormal EKG	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Recent admission due to chest pain. Frequent palpitations and near syncope; Family History: Father: CAD, AAA; Mother: HTN; Brother: CAD, CABG. Current every day smoker; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; 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	Recently seen in the hospital for 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).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Recurrent atypical chest pain with moderate risk factors for coronary artery disease. History of systolic congestive heart failure, hypertension, and hyperlipidemia; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	right chest pain, arm pain and jaw pain. Elevated bp.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	rtic stenosis or lightheadedness, rts an episode of chest pain occurred in his lower sternal region; His mother had CABG at the age of 63 EKG: Sinus bradycardia; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	She developed severe dizizness while sitting or while laying down, with "romm spinning" vertigo, no associated nausea, lasted for few seconds, relieved on its own. She c.o mild mid chest tightness not related to exertion, assoaited SOB, no radiation, las; 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	she is referred to our office today after undergoing an abnormal ECG which showed tachycardia. She reports SOB at times with persistent cough over the past two weeks. She also reports racing palpitations that she states will feel as if it skips at times 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	She reports sharp midsternal chest pain that will radiate to her left shoulder, around to her back and up the left side of her jaw. She states this is worsened with exertion or emotional upset. She states this has been ongoing over the past 2 months and 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.; 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	She underwent stenting to the LAD about a year ago. She presented with an acute coronary syndrome.; 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	Shortness of breath w/exertion, Hypertension, swelling in legs; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	shortness of breath, dypnea on exertion, 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	shortness of breath/r/o ischemia, BMI 45.14, physically unable to do a treadmill stress,; 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	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.; It is not known if there are documented findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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	Smokers; smokes for 1/2 pack per day and 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.; 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	sob, chest pain, normal chest x ray. hypertension. abnormal ekg. family hx of cad. has angina too.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	Steven S Harp is a 50 y.o. Caucasian male who presents for evaluation of shortness of breath and palpitation. SOB on moderate exertion. Walking up a flight of stairs he gets palpitation. He feels his heart beat which is strong but not rapid. Three weeks a; 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	stress echocardiogram was aborted after 56 seconds due to extreme shortness of breath; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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).	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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Syncope Dizziness, and patient has 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

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	syncope, 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Systolic congestive heart failure - I50.20, EF 10-20%. Plan start enalapril, on life vest. He has occlusion of the LAD and I am not sure if there is any viability there. recommend FDG PET Unable to get cardiac PET; 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

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Tachycardia Abn-EKG 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.; 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	Test is being ordered due to patient have ongoing chest pain and SOB. Test is being ordered to evaluate the nature of her 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
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.	10
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).	36

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).	7
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).	16
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.	5
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.	32
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.	10

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 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 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).	182
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).	14

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient has congestive heart failure.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	5
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).	13
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient'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).	6

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; 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.	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; 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.	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 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).; The patient has a physical limitation to exercise.	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 there are documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; 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
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.	35

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).; It is not known if 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.; 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

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; 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 study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	2

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient 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.	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; 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

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
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.	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; It is not known if the patient has had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient 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.	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.; 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).	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).; It is not known if the patient has a physical limitation to exercise.	22

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.	127
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient'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

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).	4
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are 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.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient 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.	71
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).	6

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; 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.; 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.; 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.	8

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are 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.	34
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.	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 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
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.	1

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

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.	10
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.; 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

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 40 or greater	14
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	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 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

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	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; 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.	3

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	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 valve disorders.	7
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Nuclear Stress Treadmill, Heart Palpitations; 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	This study is being ordered as a pre-operative evaluation.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This study is being ordered as a pre-operative evaluation.; The patient is not presenting 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.; 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.; 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 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.; The patient has not had a recent stress echocardiogram.; The patient has known CAD.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; 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
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.; 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.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	to 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	to rule out CAD; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	t-wave abnormalities are suspicious for ischemia on her 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	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.	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'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 suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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.	9
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	ventricular tachycardia. arrhythmia/atrial fibrillation. shortness of breath. hyperlipidemia.; 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	white female who has had chest pain It occurs at rest and with activity. She has fatigue. She has had syncope with cough recently. She has occasional lower extremity edema. She has tachycardia.Diabetes mellitus; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	WPW syndrome, HTN, hyperglycemia, A FIB, CHF. OSA; 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	78459 Myocardial imaging, PET	This is a request for a Cardiac-imaging PET scan.; This study is being ordered to identify a myocardial perfusion defect.; This patient has NOT had a SPECT scan within the past eight (8) weeks.; Yes, the patient has symptoms including chest tightness, angina and/or shortness of breath on exertion.; The patient has a body Mass List score index equal to or above 40.	1
Cardiology	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.; nuclear stress test showed a 45% EF; echo showed 55% but was technically difficult; patient presently undergoing chemo	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 recently been diagnosed with and/or treated for congestive heart failure.; The patient has not had a previous MUGA scan.; The patient is presenting new cardiac signs or symptoms.; The patient has not had a recent MI.; There are not documented clinical findings consistent with a valve disease.; There are documented clinical findings consistent with hypertension.;	1
Cardiology	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; There are EKG findings consistent with cardiomyopathy or myocarditis.; < Enter answer here - or Type In Unknown If No Info Given. >	1

Cardiology	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; There are EKG findings consistent with cardiomyopathy or myocarditis.; none given	1
Cardiology	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Suspected Cardiomyopathy/ Myocarditis.; The patient has not recently been diagnosed with and/or treated for congestive heart failure.; The patient is presenting new cardiac signs or symptoms.; The patient has not had a recent MI.; There are not documented clinical findings consistent with a valve disease.; There are 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 Suspected Cardiomyopathy/ Myocarditis.; The patient has not recently been diagnosed with and/or treated for congestive heart failure.; The patient is presenting new cardiac signs or symptoms.; The patient has not had a recent MI.; There are not documented clinical findings consistent with a valve disease.; There are no documented clinical findings consistent with hypertension.; There are no documented clinical findings consistent with a cardiac congenital abnormality.; Abnormal EF on echocardiogram done on 9/19/2016	1

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	adenoma - lower extremity , diabetes, CHF, passive CAD, previous left heart cath.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ER- visit 3/14/16;; There has been treatment or conservative therapy.; unknown; emergency cardio vascularr surgery	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	new onset chest pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/17/2016; There has not been any treatment or conservative therapy.; Pt is having a typical chest pain, SOB, heart palpitations, is diabetic, showed L Anterior Block on 8/4/2016, dizziness and fatigue.	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.; Unknown.; It is not known if there has been any treatment or conservative therapy.; Unknown.	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.; 08/06/2016; There has been treatment or conservative therapy.; SOB; Steriod/Histamines	1

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	r/o CAD; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/11/16; There has not been any treatment or conservative therapy.; Chest pain, Shortness of breath on exertion, Pt is very Obese and can't exercise; 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; The reason for ordering this study is unknown.	5
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	4

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	2
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has suspected prolapsed mitral valve.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected valve disease.	1

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an initial evaluation of suspected valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected valve disease.	1
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	2

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of 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
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.	4

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	2
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	4
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for 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.	3
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of 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.; 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 Evaluation of Cardiac Embolism.	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.	1

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	3
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	5
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	1
Cardiology	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 NOT clinical symptoms supporting a suspicion of structural heart disease.; 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.; The patient has suspected prolapsed mitral valve.	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.	3
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	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 Valves.; This is an annual review of known valve disease.; It has been 4-6 months since the last echocardiogram.	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	15
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.	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 Valves.; This is an initial evaluation of suspected valve disease.	66

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artifical heart valves.	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; It is unknown if this is being ordered for initial diagnosis of congenital heart disease, Annual follow up of congenital heart disease or Evaluation of change of clinical status.	1
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.	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 Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	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; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.	1
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.	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	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 Heart Failure; This is for the initial evaluation of heart failure.	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.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	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 Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	27
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	7
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.	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 Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	47
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	21

Cardiology	Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	< Enter answer here - or Type In Unknown If No Info Given. >; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.	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.	2
Cardiology	Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.	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 pre-operative evaulation of mitral valve regurgitation	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	FOLLOW UP; 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	PT HAS CHEST HEAVINESS AND PRESSURE ASSOCIATED WITH MINIMAL IF ANY ACTIVITY. SHORTNESS OF BREATH CAN BE EXACERBATED WITH LITTLE TO NO EXERTION. PT'S ENERGY LEVEL HAS DECLINED; This study is being ordered for Vascular Disease.; UNKNOWN SPECIFIC DATE OF DURATION. PT CAME TO USE ON MARCH 2016 FOR CONSULT AT THAT POINT IT WAS ACCESSED THAT PT HAD VASCULAR DISEASE; There has not been any treatment or conservative therapy.; CHEST PRESSURE AND TIGHTNESS WITH SHORTNESS OF BREATH	1
Cardiology	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	5
Cardiology	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	3

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.	10
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.	57
Cardiology	Approval	93350 ECHO TTHRC R-T 2D →M-MODE COMPLETE REST&STRS		This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease	1
Cardiology	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 not been any treatment or conservative therapy.; dizziness and numbness and tingling	1

Cardiology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt here for followup of cad and previous ptca/stent placement. His main complaint is headaches. He thought it was heat related but they have persisted despite cooler temperatures. He feels he cannot get enough to drink. He has a headache now. Has chest p; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Cardiology	Disapproval	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
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.	1
Cardiology	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

Cardiology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	1. Dyspnea on Exertion-uncertain etiology but had an unremarkable echocardiogram and treadmill stress testing less than a year ago. Her ACC/AHA in Framingham risk course place her in a low risk category. I am doubtful that this is ischemic in origin. She ; 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.; It is unknown if this patient is a smoker or has a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Cardiology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	40 per year pack smoker and conjunction w/ chest pain and shortness of breath; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1

Cardiology	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	62 y.o. male with h/o HTN and recent stage II diffuse large B-cell lymphoma s/p CHOP-Rituxan here for dilated aorta and post-chemo follow up. Doing well since finishing chemo last month. Improving functional capacity. No chest pain or SOB. ; 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	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	bicuspid aortic valve with possible 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	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	None; 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	Repeat CTA for lung nodules.; 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	YEARLY EVAL FOR TAA; 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	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.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; dizziness and numbness and tingling	1
Cardiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	motor vechiel accident 2013; This study is being ordered for trauma or injury.; 2013; There has not been any treatment or conservative therapy.; neck stiffness arm pain and numbness and upper back pain	1

Cardiology	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.; No, the patient did not have six weeks of Chiropractic care related to this episode.;	1
Cardiology	Disapproval	72198 MRA , MRI PELVIS ANGIOGRAPHY WITH/WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	NA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; Benign Essential Hypertension uncontrolled despite medications.; Lisinopril HCTZ 25-20MG, hydralazine 100MG, Verapamil 240mg, Labetalol 200mg, Tekturna 150mg.	1
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 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

Cardiology	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
Cardiology	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.	3
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;	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; <Enter Additional Clinical Information>	1
Cardiology	Disapproval	75557 Cardiac MRI Morph & structure w/o contrast	Radiology Services Denied Not Medically Necessary	This is a request for a heart or cardiac MRI	3
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	hx of chest pain and a family hx of cad.; 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	This is a request for a Heart CT.	1

Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	Ms. Nagengast is here for a follow up visit. She was unable to have her stress test and echo due to insurance problems. She is having severe back problems and is unable to lay down in her back or on her left side. She is going to make an appointment with ; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1
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.; /PLAN; IMPRESSION; Abnormal electrocardiogram that has changed; ; PLAN; CTA of the heart and echocardiogram to rule out ASD; Restricted activity; Additional recommendations will follow.; 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.; see attached clinicals.; 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.; will send clin info.; Yes, there is Chronic Chest Pain.	1
Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	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.;	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 with a history of coronary artery 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.; It is not known if patient did not have a Nuclear Cardiology study within the past six months.; Chest pressure	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.; None of the above.; &Additional Clinical Information&	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.; None of the above.; aortic aneurysm repair done in January of 2013. CT chest that was done in 2014 at which time her thoracic aorta measured around 30 mm and there was no abdominal aortic aneurysm.	1
Cardiology	Disapproval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	3
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	&Enter answer here - or Type In Unknown If No Info Given. &; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1

Cardiology	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 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	5
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1

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

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

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; 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.; 01/01/2015; There has not been any treatment or conservative therapy.; He has a past medical history of chronic hypertension, chronic hyperlipidemia, and chronic lower extremity edema. He complains exertional shortness of breath, occasional palpitations, and lower extremity edema. He denies chest pain, dizziness, or indige	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.; 08/2014; 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.; Several Months ago, Ms. Morris is a 46 y/o AAW with a h/o HTN, here today to establish cardiac care. She says that for the past several months she has been having a lot of excessive fatigue. The fatigue is worse with exertion and causes her to feel shor; There has not been any treatment or conservative therapy.; Chief Complaint: weakness, presyncope, heart racing, soa.   1. Hypertension .   2. Dizziness .  History of Present Illness:  Patient is a 46 year old African American Female.  HPI: Ms. Morris is a 46 y/o AAW with a h/o HTN, here today to establ	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; It is not known if there has 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 been 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.; shortness of breath	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	51 yo male with Htn here for cardiac evaluation. For the past 1 year he c/o left sided chest pain. Radiates to left arm. Lasts for ~ 10 seconds. Mild to moderate. Not worse with exertion but does c/o DOE. Abnormal EKG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	56 year old male with angina, chest pain, fatigue, hypertensive heart disease, and strong family history of heart disease.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	ABN echo, ejection fraction 45% and has 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 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	Abnormal EKG; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	adenoma - lower extremity , diabetes, CHF, passive CAD, previous left heart cath.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ER- visit 3/14/16;; There has been treatment or conservative therapy.; unknown; emergency cardio vascular surgery	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	angina III, diabetes, dyslipidemia; 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	angina, coronary artery disease, COPD, dyslipidemia; 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 with the last episode happening this morning and lasting for about five minutes.  Ongoing tobacco use disorder.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Chest pain, dizziness, palpitations, shortness of breath with exertion, family history; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	CHEST PAIN, HTN, PVD, SMOKER, UNKNOWN FAM HX OF CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is 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, shortness of breath and 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	chest pain, shortness of breath, dizziness, palpitations, diabetic, hyperlipidemia, CHF, abnormal EKG, ST-T changes, aortic stenosis; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	CHEST PAIN, SOB, HTN, SYNCOPE, SMOKER, FAMILY HX OF CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is 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; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Comes in for further evaluation of her cp, palpitations. Her routine blood work showed mildly elevated potassium of 5.3 normal creatinine and normal Hg and HgA1C as well as normal thyroid panel. She is coming in for further evaluation of her atypical ches; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In fo Given.; This study is being ordered for Vascular Disease.; Pt has had long history od cardiac disease; There has been treatment or conservative therapy.; Chest pain in pt with known CAD and pt has a prior stent; on full medical management with statins and aspirin	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.; ; There has been treatment or conservative therapy.; ;	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Exercise stress test not able to be completed during he started to get ventricular tachycardia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Family History: Hypertension, Diabetes, COPD, and Heart Dis. My grandfather died at age 60  BRUGADA SYNDROME Diabetes mellitus Chest pain  Claudication  ICD implanted 5-2012; 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	Family History: Reports history of family illness.   Father is deceased . Cause of Death MI.   Mother is living . Mother's history includes heart disease.   Total number of brothers 5 .   Total number of sisters 10 .   Siblings history include; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Complaints today include: chest pain.   The chest pain is located on the left side . The pain occurs anytime . Pain last approximately 10-15 min. Patient describes the pain as stabbing . Pain is relieved with rest .   Patient denies symptoms of shortn; There has not been any treatment or conservative therapy.; Chest Pains, Hypertension, Dyslipidemia	1
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Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Heart Saver CT revealed an abnormal score. Lung cancer in remission, and previous smoking history.; 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	Mrs Pena. Comes in for hospital follow-up. She had syncope and near Syncope. It was felt initially to be *BPV. Echo was essentially normal. Dr. Thomas saw her and did not think it was seizures. Work up negative. She continues to have episodes lasting when; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Mrs. Williams comes in for follow up last seen June 2015. She has history of CAD and stent in 2010. She continues to do well on medications. She's been having more heartburn recently. She think she's been eating more onions and hot peppers. It sounds typi; 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	Ms. Wood comes in for initial evaluation. She has history of hyperlipidemia and former tobacco abuse she just quit a week ago. She had "bricks on her chest". This lasted off and on all day. She had shortness of breath with this. She did not seek care. She; 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	New patient referred Dr George Garrett, has chest tightness last few months, across chest tightness, at rest and exercise, no radiation, associated dyspnea, episodes a few times a week, no associated syncope, had AMI in 2013, and according patient had SCA; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	None; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The 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.; 08/06/2016; There has been treatment or conservative therapy.; SOB; Steriod/Histamines	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Patient Problems Medical History; Hypertension; Dyspnea; Chest pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2016; There has not been any treatment or conservative therapy.; Chest pains, shortness of breath and shortness of breath/exertion	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	previous MPI revealed a small defect; chest pain & sob; recent TIA; dizziness; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Pt has a really bad EKG; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Pt here for check up. States that he has intermittent chest pain. None today but did have left sided chest pain without radiation last week. Denies nausea or SOB with episode but states that he was "sweaty" with it. Episode lasted about 10 to 15 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 patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Pt is needing clearance for a DOT physical which requires a stress test. She is post coronary bypass.; 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	Pt with diastolic dysfunction chest pressure 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 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	Pt with known CAD and new onset of angina pectoris and abnormal EKG; This study is being ordered for Vascular Disease.; 01/2014; There has been treatment or conservative therapy.; chest pain and shortness of breath and abnormal EKG.; Anti coagulants and prior stenting in 2014. new onset of chest pain.	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Pt with shortness of breath with angina with daily activities. Patient also has uncontrolled 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

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Pulmonary stress test abnormal.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	She has complaints of fatigue dizziness near syncope chest pain when she lays down at night with shortness of breath dyspnea and exertional chest discomfort chronic back pain. She denies LE edema orthopnea claudication.; This study is being ordered for Vascular Disease.; unknown; It is not known if there has been any treatment or conservative therapy.; She has complaints of fatigue dizziness near syncope chest pain when she lays down at night with shortness of breath dyspnea and exertional chest discomfort chronic back pain. She denies LE edema orthopnea claudication.	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	5

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	4
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	8
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	very abnormal EKG; 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	William E Lloyd is a 62 y.o. male WITH ANGINA AND ABNORMAL EKG AND HIGH CACS 941. Pt has type 2 diabetes and severe obesity; This study is being ordered for Vascular Disease.; William E Lloyd is a 62 y.o. male WITH ANGINA AND ABNORMAL EKG AND HIGH CACS 941. Pt has type 2 diabetes and severe obesity; It is not known if there has been any treatment or conservative therapy.; William E Lloyd is a 62 y.o. male WITH ANGINA AND ABNORMAL EKG AND HIGH CACS 941. Pt has type 2 diabetes and severe obesity	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; about 14 days ago; There has not been any treatment or conservative therapy.; chest pain and sob	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.; unknown; There has not been any treatment or conservative therapy.; chest pain , shortness of breath, palpitations.	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;	3

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.; 01/01/2015; There has not been any treatment or conservative therapy.; He has a past medical history of chronic hypertension, chronic hyperlipidemia, and chronic lower extremity edema. He complains exertional shortness of breath, occasional palpitations, and lower extremity edema. He denies chest pain, dizziness, or indige	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.; 08/2014; 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	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Several Months ago, Ms. Morris is a 46 y/o AAW with a h/o HTN, here today to establish cardiac care. She says that for the past several months she has been having a lot of excessive fatigue. The fatigue is worse with exertion and causes her to feel shor; There has not been any treatment or conservative therapy.; Chief Complaint: weakness, presyncope, heart racing, soa.   1. Hypertension .   2. Dizziness .  History of Present Illness:  Patient is a 46 year old African American Female.  HPI: Ms. Morris is a 46 y/o AAW with a h/o HTN, here today to establ	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 trauma or injury.; ; 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	; This study is being ordered for Vascular Disease.; ; There has been 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 Vascular Disease.; ; 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	; This study is being ordered for Vascular Disease.; 03/01/2012; There has been treatment or conservative therapy.; shortness of breath/exertional, weakness and fatigue. ; Patient denies symptoms of frank chest pain indigestion palpitations syncope lower extremity edema .; Date of cardiac cath: 12/17/15 DES to LCA. ; Additional MedicalSurgical History 12/17/15 Atherectomy and angioplasty of Left common femoral artery .	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 fo Given.; This study is being ordered for Vascular Disease.; Pt has had long history od cardiac disease; There has been treatment or conservative therapy.; Chest pain in pt with known CAD and pt has a prior stent; on full medical management with statins and asprin	1

Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	Family History: Reports history of family illness.   Father is deceased . Cause of Death MI.   Mother is living . Mother's history includes heart disease.   Total number of brothers 5 .   Total number of sisters 10 .   Siblings history include; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Complaints today include: chest pain.   The chest pain is located on the left side . The pain occurs anytime . Pain last approximately 10-15 min. Patient describes the pain as stabbing . Pain is relieved with rest .   Patient denies symptoms of shortn; There has not been any treatment or conservative therapy.; Chest Pains, Hypertension, Dyslipidemia	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	Patient Problems Medical History Hypertension Dyspnea Chest pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2016; There has not been any treatment or conservative therapy.; Chest pains, shortness of breath and shortness of breath/exertion	1

Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	Pt with known CAD and new onset of angina pectoris and abnormal EKG; This study is being ordered for Vascular Disease.; 01/2014; There has been treatment or conservative therapy.; chest pain and shortness of breath and abnormal EKG.; Anti coagulants and prior stenting in 2014. new onset of chest pain.	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	She has complaints of fatigue dizziness near syncope chest pain when she lays down at night with shortness of breath dyspnea and exertional chest discomfort chronic back pain. She denies LE edema orthopnea claudication.; This study is being ordered for Vascular Disease.; unknown; It is not known if there has been any treatment or conservative therapy.; She has complaints of fatigue dizziness near syncope chest pain when she lays down at night with shortness of breath dyspnea and exertional chest discomfort chronic back pain. She denies LE edema orthopnea claudication.	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	5

Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; 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

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.	3
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	1

Cardiology	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 initial evaluation of suspected valve 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 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
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.	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 Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	4
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	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.; She has been SOB for an unknown time but She is complaining of worsening DOE.; There has been treatment or conservative therapy.; Pt complains of being short of breath with DOE; She uses Advair Diskus and a Ventolin inhaler	2
Cardiology	Disapproval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	Radiology Services Denied Not Medically Necessary	; This study is 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	Disapproval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; chest pain , shortness of breath, palpitations.	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 Vascular Disease.; ; It is not known if there has 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	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

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	1
Chiropractic 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 other indications	1
Chiropractic Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam 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 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
Chiropractic Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		Cervical spine mri completed 7/21/2016, lesion at C2 and C3 and additional pathology at C5 and C6; 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
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST			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 a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	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 a neurological disorder.; 6-1-2016; There has been treatment or conservative therapy.; neck pain and radiculopathy in both hands numbness and tingling and low back pain.; Chiropractic therapy and manipulation and medication	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 trauma or injury.; 4-15-16; There has been treatment or conservative therapy.; pain, stiffness; chiropractic	1
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	R/O DISC INVOLVEMENT; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/09/2016; There has been treatment or conservative therapy.; UNKNOWN; MANIPULATIVE ADJUSTMENT, ELECTRICAL MUSCLE STIMULATION, THERAPEUTIC EXERCISES AND MECHANICAL TRACTION	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; 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
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.	11
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.	6
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; <Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	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.	4
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	1
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; atrophy in the right arm measures 24.5 center meters, muscle grade 3 with c6 dermatome finger muscle testing in grade 4 on the right side,	1
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; <Enter Additional Clinical Information>	1

Chiropractic Medicine	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.; Pain radiating down both arms, loss of 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
Chiropractic 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.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown	1
Chiropractic 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.; <Enter Additional Clinical Information>; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Chiropractic 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.; none; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	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.	3

Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		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.; 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
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.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once 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 not directed a home exercise program for at least 6 weeks.	1

Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	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 a neurological disorder.; 6-1-2016; There has been treatment or conservative therapy.; neck pain and radiculopathy in both hands numbness and tingling and low back pain.; Chiropractic thearapy and mulnipulation and medication	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 trauma or injury.; 4-15-16; There has been treatment or conservative therapy.; pain, stiffness; chiropractic	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 a neurological disorder.; ; There has been treatment or conservative therapy.; ;	1
Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient has persistent pain in Lumbar and going down right leg. He has numbness and weakness in 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

Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	R/O DISC INVOLVEMENT; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/09/2016; There has been treatment or conservative therapy.; UNKNOWN; MANIPULATIVE ADJUSTMENT, ELECTRICAL MUSCLE STIMULATION, THERAPEUTIC EXERCISES AND MECHANICAL TRACTION	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 not have 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
Chiropractic 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
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	37
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)	14

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	72196 MRI PELVIS	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	1
Chiropractic Medicine	Approval	72196 MRI PELVIS	Enter answer here - or Type In Unknown If No Info Given; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	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	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	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 an orthopedist.	1

Chiropractic Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	3
Chiropractic Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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 study is being ordered for trauma or injury.; Gradual onset; There has been treatment or conservative therapy.; Severe pain, swelling/stiffness/decreased range of motion. Difficulty walking.; Anti Inflammatory medications / Physical therapy	2
Chiropractic Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	1
Chiropractic Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Locking; Yes, the member experience a painful popping, snapping, or giving away of the knee.	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; Yes, there is a known trauma involving the knee.; Instability	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; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	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	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
Chiropractic Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1

Chiropractic Medicine	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST			1
Chiropractic 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.	1
Chiropractic 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
Chiropractic 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
Chiropractic Medicine	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	No metal in the body. No reason Pt can not have MRI. Possible lipoma on the neck.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1

Chiropractic 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.; 04/11/2016; There has been treatment or conservative therapy.; Pt suffers with severe headaches, sciatica, right hip and neck pain.; Chiropractic care for 9 weeks.	1
Chiropractic Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Ice and heat does not help. Neck and arm have radiating 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.; 05/13/2016; There has been treatment or conservative therapy.; weakness in rgt and left arm low back with radiating pain; 6 weeks Nsaid	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.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Found on lumbar down to the legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Chiropractic 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
Chiropractic 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.; 04/11/2016; There has been treatment or conservative therapy.; Pt suffers with severe headaches, sciatica, right hip and neck pain.; Chiropractic care for 9 weeks.	1
Chiropractic 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.; 10/07/2015; There has been treatment or conservative therapy.; LBP; lrom; trouble sleeping, walking, sitting and standing; trouble getting in /out of the bed, getting dressed and bending; Chiropractic care; home exercise; otc pain meds	1

Chiropractic Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Edima in spine area L 5 with tenderness.; This study is being 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 c/o limited ROM, pain radiating down R leg. Bladder issues as well.; Chiropractic care and home exercise and OTC meds	1
Chiropractic Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Ice and heat does not help. Neck and arm have radiating 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.; 05/13/2016; There has been treatment or conservative therapy.; weakness in rgt and left arm low back with radiating pain; 6 weeks Nsaid	1
Chiropractic Medicine	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/07/2015; There has been treatment or conservative therapy.; LBP; lrom; trouble sleeping, walking, sitting and standing; trouble getting in /out of the bed, getting dressed and bending; Chiropractic care; home exercise; otc pain meds	1

Chiropractic Medicine	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Edima in spine area L 5 with tenderness.; This study is being 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 c/o limited ROM, pain radiating down R leg. Bladder issues as well.; Chiropractic care and home exercise and OTC meds	1
Chiropractic Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; unknown exact date, but around 3 months ago; There has been treatment or conservative therapy.; Constant pain in the right shoulder and right elbow.; Manual manipulations of the shoulder and elbow, ultrasound, elbow support and ice therapy.	2
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 non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Yergason and Apleys test left shoulder for pain with abduction. Pain more intense abduction/external rotation. Pain over the intertubular groove considered positive and suggests biceps tendon or transverse humeral ligament tenosynovitis	1
Chiropractic Medicine	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.; ;	2

Colon & Rectal Surgery	Approval	71250 CT CHEST, THORAX	in conjunction colonoscopy; 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
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.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	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.	2
Colon & Rectal Surgery	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.	2

Colon & Rectal Surgery	Approval	72196 MRI PELVIS	; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Colon & Rectal Surgery	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	1
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	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.	2
Colon & Rectal Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	in conjunction colonoscopy; 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
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.	1

Colon & Rectal 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>	2
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	4
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	2
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.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	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.	2
Colon & Rectal Surgery	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.	2
Colon & Rectal Surgery	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	left lower quad pain; 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

Dermatology	Approval	70551 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.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1
Dermatology	Approval	71250 CT CHEST, THORAX	History of Merkel Cell Carcinoma, Stage IIIB with 1 of 3 nodes positive in the R axillary dissection. History of NMSC,numerous.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; It is not known if the ordering physician is a hematologist/ oncologist.	1
Dermatology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	History of Merkel Cell Carcinoma, Stage IIIB with 1 of 3 nodes positive in the R axillary dissection. History of NMSC,numerous.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; It is not known if the ordering physician is a hematologist/ oncologist.	1
Dermatology	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 Melanoma.; This is for evaluation of regional lymph nodes.	1

Doctors and Rehabilitation	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1
Doctors and Rehabilitation	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO 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, NSAIDs, muscle relaxers	1
Doctors and Rehabilitation	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis,  Bowel or bladder dysfunction, Evidence of new foot drop, etc...	1

Doctors and Rehabilitation	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.	2
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.; neck and mid to lower back pain; pain medication, NSAIDs, muscle relaxers	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.; neck and mid to lower back pain; pain medication, NSAIDs, muscle relaxers	1
Doctors and Rehabilitation	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.	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.	5
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.	8

Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/21/16; There has been treatment or conservative therapy.; radiculopathy; PT from 7/15/16-8/19/16	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 relaxer, 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; PT, chiropractor, NSAIDs, pain medication	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 back pain; pain medication, NSAIDs, epidural injections	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	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; 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.;	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patients main complaint is Neck and back. Patient rates the severity of his main complaint as 10 on a scale of 1 to 10. He experiences the complaint 70 percent of the time since 7-8 years. He currently experiences neck pain, headaches, radiating arm 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.; 2006; There has been treatment or conservative therapy.; LOWER BACK PAIN, NECK PAIN; pain Medicine Physician, Family physician,Physical Therapist, Neurologist and Rheumatologist. The following tests have been done in the past: X-rays and MRI scan Last MRI in 2012. He has tried anti-inflammatory meds, hydrocodone and neurontin/gabapentin i	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.; 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.	4
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Doctors and Rehabilitation	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.	23
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.	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Pre-Operative Evaluation; No, the last Cervical spine MRI was not performed within the past two weeks.	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.	2
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	4
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.	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; pain medication, muscle relaxers, NSAIDs	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 back pain; pain medication, NSAIDs, epidural injections	1

Doctors and Rehabilitation	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
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.; ;	3
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.; 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.; Patient in severe pain. NSAIDs not working.; ; identifies midline of the T4-6 region as typical location of her pain, but deep to palpation. Soft Tissue Palpation on the Right: no tenderness of the upper trapezius, the levator scapulae, or the rhomboid; n	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.	1

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.; 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
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.	3
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/21/16; There has been treatment or conservative therapy.; radiculopathy; PT from 7/15/16-8/19/16	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.; back and bilateral knee pain; pain medication, NSAIDs, muscle relaxers, 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.; left knee pain and low 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.; mid to lower 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 relaxer, 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; PT, chiropractor, NSAIDs, pain medication	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; PT, pain medication, NSAIDs, muscle relaxers, epidural injections, facet blocks	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.; ;	3
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Chronic pain, see icd 10 code. Displacement of lumbar disc with myopathy.; 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	chronic pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient has low back pain with numbness in right leg. Patient having trouble 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

Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Patients main complaint is Neck and back. Patient rates the severity of his main complaint as 10 on a scale of 1 to 10. He experiences the complaint 70 percent of the time since 7-8 years. He currently experiences neck pain, headaches, radiating arm 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.; 2006; There has been treatment or conservative therapy.; LOWER BACK PAIN, NECK PAIN; pain Medicine Physician, Family physician,Physical Therapist, Neurologist and Rheumatologist. The following tests have been done in the past: X-rays and MRI scan Last MRI in 2012. He has tried anti-inflammatory meds, hydrocodone and neurontin/gabapentin i</p>	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?</p>	2
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection</p>	63
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine</p>	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	2
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)	34
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 study is being ordered for trauma or injury.; 2014; There has been treatment or conservative therapy.; hip/pelvic pain; NSAIDs, muscle relaxers, pain medication, PT	1
Doctors and Rehabilitation	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	3
Doctors and Rehabilitation	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
Doctors and Rehabilitation	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
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 not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	1

Doctors and Rehabilitation	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Patient was seen at Northwest Medical for dislocation of right shoulder was given anti-inflammatory meds still having pain feels like popping in and out; 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
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.	2
Doctors and Rehabilitation	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	4
Doctors and Rehabilitation	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
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 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

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 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	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient comes to clinic today c/o left hip and knee pain after a fall last week. She had bruising and swelling which have improved by she continues to c/o pain on ambulation. She denies any new numbness/ tingling/ weakness or loss of bowel or bladder co; 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
Doctors and Rehabilitation	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	2
Doctors and Rehabilitation	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; 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.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Limited range of motion	1

Doctors and Rehabilitation	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
Doctors and Rehabilitation	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	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.	2
Doctors and Rehabilitation	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	1

Doctors and Rehabilitation	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Doctors and Rehabilitation	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 been treatment or conservative therapy.;	1
Doctors and Rehabilitation	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has had electrical sensation on left side of his head.; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; headaches, facial tingling and neck pain.; Patient has had occipital nerve block and saw ENT doctor for evaluation.	1

Doctors and Rehabilitation	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.; < 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
Doctors and Rehabilitation	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
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.	1
Doctors and Rehabilitation	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 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
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 trauma or injury.; 02/2016; There has been treatment or conservative therapy.; MUSCLE SPAIMS DECREASE RANGE OF MOTION STIFFNESS LOWER LEG WEAKNESS; PHYSICAL THERAPY 3 TIMES A WEEK GETTING WORSE	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 trauma or injury.; 07/18/2016; There has not been any treatment or conservative therapy.; Cervical pain	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 worsening; 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; ibuprofen, 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.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; NSAIDs, muscle relaxer	2
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 relaxers, 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	2
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, epidural injection	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, epidural injection	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 mid to lower back pain; pain medication, NSAIDs, 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 thoracic pain; pain medications, 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 trauma or injury.; ; There has been treatment or conservative therapy.; ;	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Paralysis; This study is being ordered for a neurological disorder.; Birth; There has been treatment or conservative therapy.; Polio weakness LE UE; PT	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has had electrical sensation on left side of his head.; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; headaches, facial tingling and neck pain.; Patient has had occipital nerve block and saw ENT doctor for evaluation.	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.	4

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; 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
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 trauma or injury.; 07/18/2016; There has not been any treatment or conservative therapy.; Cervical pain	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; pain medication, muscle relaxers, NSAIDs, failed PT	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; physical therapy, ibuprofen	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; PT, pain medication	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.; neck and mid to lower back pain; pain medication, NSAIDs, epidural injections	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.; neck and thoracic pain; pain medications, NSAIDs	1
Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; She has what I believe is a lipoma in the thoracic soft tissue, for further evaluation I would recommend advanced imaging of this area to rule out other pathology.	1
Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; Pt here for f/u and med refill for his chronic upper (T7-8) and lower back with radicular pain to bilateral lower extremities. Clinically identifies with lumbar radiculitis. He states he would like to work on his right side as well, left extremities. LMBB #2 helped ; 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	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.;	1
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.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	2
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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 trauma or injury.; 02/2016; There has been treatment or conservative therapy.; MUSCLE SPAIMS DECREASE RANGE OF MOTION STIFFNESS LOWER LEG WEAKNESS; PHYSICAL THERAPY 3 TIMES A WEEK GETTING WORSE	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.; Trauma or recent injury; 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
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.; left hip and low back pain; Suboxone	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; pain medication, muscle relaxers, NSAIDs, failed PT	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; physical therapy, 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.; mid to lower back pain; PT, 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 worsening; 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; ibuprofen, 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.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; NSAIDs, muscle relaxer	2
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; NSAIDs, muscle relaxers, 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	2
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, muscle relaxers, NSAIDs, epidural injection	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, epidural injection	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 mid to lower back pain; pain medication, NSAIDs, 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 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

Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	he patient has been experiencing this pain for more than 10 years. He reports sudden onset of pain . The patient describes his pain as constant. The pain is sharp ; The pain is made worse by bending, coughing, lying flat, lifting, sitting a long time, sne; This study is being 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.; The patient has been experiencing; this pain for more than 10 years. He reports sudden onset of pain . The patient describes his pain as constant. The pain; is sharp . Patient says, at its worse his pain is 7/10, at its least it is 5/10, and right now it ; PHYSICAL THERAPY	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Paralysis; This study is being ordered for a neurological disorder.; Birth; There has been treatment or conservative therapy.; Polio weakness LE UE; PT	1

Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She experiences the complaint 90 percent of the time since 2-3 years. She currently experiences arm/hand tingling and numbness, low back pain, radiating pain down one leg and radiating pain down both legs. The complaint is mostly noticed in the AM and P; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/10/2013; There has been treatment or conservative therapy.; constant back pain and knee pain; She experiences the complaint 90 percent of the time since 2-3 years. She currently experiences arm/hand tingling and numbness, low back pain, radiating pain down one leg and radiating pain down both legs. The complaint ; Professional caregivers seen in the past include Pain Medicine Physician and Family physician.The following tests have been done in the past: X-rays and MRI scan last MRI approx 2 years ago. She has tried antiinflammatory; meds, hydrocodone, M. S. Contin/	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	2
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	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	1
Doctors and Rehabilitation	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.; 07/18/2016; There has not been any treatment or conservative therapy.; Cervical pain	2
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 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
Doctors and Rehabilitation	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; back and bilateral knee pain; pain medication, NSAIDs, muscle relaxers, physical therapy	2

Doctors and Rehabilitation	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; left knee pain and low back pain; pain medication, muscle relaxers, NSAIDs	1
Doctors and Rehabilitation	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	he patient has been experiencing this pain for more than 10 years. He reports sudden onset of pain . The patient describes his pain as constant. The pain is sharp  The pain is made worse by bending, coughing, lying flat, lifting, sitting a long time, sne; This study is being 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.; The patient has been experiencing this pain for more than 10 years. He reports sudden onset of pain . The patient describes his pain as constant. The pain is sharp . Patient says, at its worse his pain is 7/10, at its least it is 5/10, and right now it ; PHYSICAL THERAPY	1

Doctors and Rehabilitation	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	She experiences the complaint 90 percent of the time since 2-3 years. She currently experiences arm/hand tingling and numbness, low back pain, radiating pain down one leg and radiating pain down both legs. The complaint is mostly noticed in the AM and P; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/10/2013; There has been treatment or conservative therapy.; constant back pain and knee pain; She experiences the complaint 90 percent of the time since 2-3 years. She currently experiences arm/hand tingling and numbness, low back pain, radiating pain down one leg and radiating pain down both legs. The complaint ; Professional caregivers seen in the past include Pain Medicine Physician and Family physician.The following tests have been done in the past: X-rays and MRI scan last MRI approx 2 years ago. She has tried antiinflammatory; meds, hydrocodone, M. S. Contin/	1
Doctors and Rehabilitation	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; left hip and low back pain; Suboxone	1
Doctors and Rehabilitation	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	2

Doctors and Rehabilitation	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.; 2014; There has been treatment or conservative therapy.; hip/pelvic pain; NSAIDs, muscle relaxers, pain medication, PT	1
Emergency Medicine	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	2
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.	3
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.	1
Emergency Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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
Emergency Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	1

Emergency Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The 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
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.	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 recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	3
Emergency Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	1
Emergency Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	T1a; This study is being ordered for a neurological disorder.; 7/4/16; There has not been any treatment or conservative therapy.; left sided numbness / left facial numbness/c ant move left side of face / symptoms did resolve before close of ER visit	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.	1
Emergency 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
Emergency Medicine	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.	1
Emergency Medicine	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Acute Bronchitis and abnormal finding on chest xray; "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
Emergency Medicine	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST		1
Emergency Medicine	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1

Emergency Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Emergency Medicine	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Further workup of compression fracture of thoracic spine; 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 CT.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to trauma or acute injury within 72 hours.; There is a reason why the patient cannot undergo a thoracic spine MRI.	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; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; <Enter Additional Clinical Information>	1
Emergency Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; swelling, neck pain x 3wks.; No, the patient does not have new or changing neurological signs or symptoms.	1

Emergency Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	We are referring the patient to pain management and need additional imaging of her entire spine.; This study is being ordered for trauma or injury.; She had an MVA around 2006. She was diagnosed with DDD. She had a bad epidural when she was pregnant.; There has been treatment or conservative therapy.; Numbness and tingling in all 4 extremities. Constant neck and back pain.; She has been to the chiropractor. She's been to 9 visits with the chiropractor, with no relief.	1
Emergency 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.	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	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	We are referring the patient to pain management and need additional imaging of her entire spine.; This study is being ordered for trauma or injury.; She had an MVA around 2006. She was diagnosed with DDD. She had a bad epidural when she was pregnant.; There has been treatment or conservative therapy.; Numbness and tingling in all 4 extremities. Constant neck and back pain.; She has been to the chiropractor. She's been to 9 visits with the chiropractor, with no relief.	1
Emergency 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.; on the right side 1 plus	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.; initial onset was 04/2016; There has been treatment or conservative therapy.; ; pt was prescribed oral steroids, pain medicines and topical creams, Pt rotated ice and heat on affected area. Pt also was seen by a Physical Therapist and completed physical therapy. Pt is still hurting and no change in condition after completing PT	1
Emergency Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	back pain// numbness; 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	low back pain w abnormal ct in ER.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
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	6
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 an Abnormal x-ray indicating a significant abnormality	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 Neurological deficit(s)	4
Emergency Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	We are referring the patient to pain management and need additional imaging of her entire spine.; This study is being ordered for trauma or injury.; She had an MVA around 2006. She was diagnosed with DDD. She had a bad epidural when she was pregnant.; There has been treatment or conservative therapy.; Numbness and tingling in all 4 extremities. Constant neck and back pain.; She has been to the chiropractor. She's been to 9 visits with the chiropractor, with no relief.	1

Emergency Medicine	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.; initial onset was 04/2016; There has been treatment or conservative therapy.; ; pt was prescribed oral steroids, pain medicines and topical creams, Pt rotated ice and heat on affected area. Pt also was seen by a Physical Therapist and completed physical therapy. Pt is still hurting and no change in condition after completing PT	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	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	1
Emergency Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "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

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 an orthopedist.	1
Emergency Medicine	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has 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
Emergency 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 no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.	1
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is 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
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	pt has history of surgery to right knee with new onset of sudden 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

Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	PT is having left knee pain. PT got the knee stuck in the car door.; 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
Emergency 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 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
Emergency 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
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; 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 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 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
Emergency Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This 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.	1
Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Nausea Vomiting previous Hx of kidney stones with surgery to remove 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

Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	There is tenderness to left lower quadrant, There is mild left costovertebral angle (CVA) tenderness.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was 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.	4
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.	7
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 are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>	1

Emergency 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; Had nausea, vomiting and diarrhea for three days. Vomiting and diarrhea is being controlled with medication but nausea and sharp pain is constant and continuous.	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	4
Emergency Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre- operative evaluation.;	1
Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		2
Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; 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	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
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.; 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
Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	unknown; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Emergency 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
Emergency Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		T1a; This study is being ordered for a neurological disorder.; 7/4/16; There has not been any treatment or conservative therapy.; left sided numbness / left facial numbness/c ant move left side of face / symptoms did resolve before close of ER visit	1
Emergency 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
Emergency Medicine	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.	1

Emergency 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 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	Disapproval	70554 Functional MRI Brain	Radiology Services Denied Not Medically Necessary	T1a; This study is being ordered for a neurological disorder.; 7/4/16; There has not been any treatment or conservative therapy.; left sided numbness / left facial numbness/c ant move left side of face / symptoms did resolve before close of ER visit	1
Emergency Medicine	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	NECK AND HEAD INJURY A FEW DAYS AGO  NOW HE IS HAVING HEADACHES PAIN IN THE NECK. HE ISNT FEELING NORMAL; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Emergency Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; approximately 3 wks ago; There has been treatment or conservative therapy.; neck pain, primarily Left side back pain, muscle pain and weakness; RXs Baclofen 10mg TID, Ketorolac 10mg BID and physical therapy.	1

Emergency Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; 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
Emergency Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; 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
Emergency Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; 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
Emergency Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK 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
Emergency Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK 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
Emergency Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK 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
Emergency Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK 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

Emergency 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.; approximately 3 wks ago; There has been treatment or conservative therapy.; neck pain, primarily Left side; back pain, muscle pain and weakness; RXs Baclofen 10mg TID, Ketorolac 10mg BID and physical therapy.	1
Emergency Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary		1
Emergency 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.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Emergency 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.; This study is being requested for abdominal and/or 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
Emergency Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	R/O:BOWEL OBSTRUCTION GUARDING AND REBOUND TENDERNESS,DIFFUSE ABDOMINAL TENDERNESS, INCREASED PULSE RATE/BP,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 NOT performed.	1

Emergency Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Patient has had a slight discomfort in his lower abdomen for the last two weeks. He states he has burning with urination off and on, but not every time he urinates. he denies any penile discharge, fever, or blood in urine. He has no new sexual partners	1
Emergency 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'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
Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Patient has chest pain. Sharp central chest pain, nausea, cold sweats, worse with breath intake.; 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	Pt had near syncope, sweating, fatigue, dizzy, EKG was borderline; 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	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
Endocrinology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering 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
Endocrinology	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.; 2 months; There has not been any treatment or conservative therapy.; diplopia is worsening and eye is swelling and mbr can barely open it	1

Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		2
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	< 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

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; 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
Endocrinology	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.; 2 months; There has not been any treatment or conservative therapy.; diplopia is worsening and eye is swelling and mbr can barely open it	1

Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has a pituitary tumor, follow up to see if tumor increased in size.; 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; 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
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.	3
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	4

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 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 abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	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.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.	3

Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	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.; 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
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.; 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 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 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
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.	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 recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	4

Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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 a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.	1
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	1
Endocrinology	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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
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.; 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 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.; It is not known if this is 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.; It is not known if there is an abdominal and pelvic or retroperitoneal mass that has been confirmed.	1
Endocrinology	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
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 no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.	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 is suspicion of an adrenal mass (pheochromocytoma).; The suspicion of an adrenal mass was suggested by labs.; A Metanephrine lab test was completed and found to be abnormal.	1
Endocrinology	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
Endocrinology	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
Endocrinology	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

Endocrinology	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
Endocrinology	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
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	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
Endocrinology	Approval	74181 MRI ABDOMEN	abnormal labs that indicate a possible tumor; 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

Endocrinology	Approval	74181 MRI ABDOMEN		r/out 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
Endocrinology	Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST		This is a request for a MR Angiogram of the abdomen.	1
Endocrinology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	r/out 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
Endocrinology	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.; Back pain, osteoporosis	1
Endocrinology	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.; Back pain, osteoporosis	1

Endocrinology	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.; Back pain, osteoporosis	1
Endocrinology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Abdominal pain and blacked stool; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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; un explained weight gained,	1
Endocrinology	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	Her history includes a mother diagnosed at age 49 and then had a reoccurrence at age 79.; 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

Gastroenterology	Approval	70450 CT BRAIN, HEAD		1
Gastroenterology	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
Gastroenterology	Approval	70450 CT BRAIN, HEAD	unknown cause for chronic nausea; This study is 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 stats she has had long term nausea - EGD and colonoscopy negative for cause of nausea - Dr. Ketcher requested CT head, abd & pelvis to help determine cause of chronic nausea; It is not known if there has been any treatment or conservative therapy.;	1
Gastroenterology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; March 2016; There has not been any treatment or conservative therapy.; swallowing issues/speech impairments	1
Gastroenterology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	1

Gastroenterology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2 year follow up for a 20x12x13mm brain tumor presumably a low grade glioma or subependymomanter needs follow-up to check for growth; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Gastroenterology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo	1
Gastroenterology	Approval	71250 CT CHEST, THORAX		2
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.	1
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. >; 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
Gastroenterology	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Gastroenterology	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.; 04/22/2016; There has not been any treatment or conservative therapy.; chronic hep c lost 45 lbs in 1 year having ultra valve function constipation chest pain difficulty breathing lung decreased breath sound	1
Gastroenterology	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.; March 2016; There has not been any treatment or conservative therapy.; swallowing issues/speech impairments	1

Gastroenterology	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
Gastroenterology	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.; 03/2016; There has not been any treatment or conservative therapy.; since march 45 weight loss cough , smoker , vomiting	1
Gastroenterology	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	3
Gastroenterology	Approval	71250 CT CHEST, THORAX	ABDOMINAL PAIN IN MALE,COUGH,EXCESSIVE WEIGHT LOSS,PERSISTENT DISRRHEA ABD PAIN,R/O MALIGNANT/INFECTIOUS CAUSE FOR COUGH,ABD PAIN,WEIGHT LOSS,DIARRHEA,EDEMA; A Chest/Thorax 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	Approval	71250 CT CHEST, THORAX	EGD WAS PERFORMED YESTERDAY. ANASTAMOSIS WAS SEEN AT 25 CM FROM THE INCISORS. MINOR NARROWING, ESOPHAGITIS AND LARGE AMOUNT OF RETAINED FOOD IN HIS STOMACH.; This study is 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 2015; There has been treatment or conservative therapy.; CHRONIC COUGH, NAUSEA WITH VOMITING, RIGHT UPPER QUADRANT ABDOMINAL PAIN, ESOPHAGEAL REFLEX; SURGERY, MEDICATIONS	1

Gastroenterology	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
Gastroenterology	Approval	71250 CT CHEST, THORAX	Operative Findings: Colonic tumour at IC valve. For referral to colorectal surgery; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Gastroenterology	Approval	71250 CT CHEST, THORAX	patient having 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
Gastroenterology	Approval	71250 CT CHEST, THORAX	Patient was found to have a mass in the splenic flexure rectal mass and need CT to determine metastatic disease; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Gastroenterology	Approval	71250 CT CHEST, THORAX	Patient with new diagnosis of hepatocellular carcinoma is currently being evaluated for a liver transplant pending imaging studies for staging of HCC. ; 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
Gastroenterology	Approval	71250 CT CHEST, THORAX	pre-op eval colon mass in descending colon; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 extrinsic compression on distal esophagus.; A Chest/Thorax 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	Approval	71250 CT CHEST, THORAX	Status post liver transplant patient with history of hepatocellular carcinoma. Imaging to for surveillance of reoccurrence.; A Chest/Thorax 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	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
Gastroenterology	Approval	72192 CT PELVIS 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
Gastroenterology	Approval	72192 CT PELVIS WITHOUT CONTRAST	Pt suffers with recurrent diverticulitis.; 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
Gastroenterology	Approval	72196 MRI PELVIS	COLONOSCOPY SHOWED ILEITIS POSSIBLE; This study is being ordered for Inflammatory/ Infectious Disease.; 3 YEARS AGO; It is not known if there has been any treatment or conservative therapy.; ABDOMINAL PAIN, DIAHRREA, BLOOD IN STOOL, WEIGHT LOSS	1
Gastroenterology	Approval	72196 MRI PELVIS	r/o fistula; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Gastroenterology	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
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	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	2
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		8
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 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

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 no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	abdominal pain upper gastric; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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	Abdominal pain, Epigastric pain, weight loss, decreased appetite, nausea, vomiting, abdominal pain, and frequent diarrhea, Bowel changes, epigastric 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	74150 CT ABDOMEN WITHOUT CONTRAST	Abnormal imaging - CT, Epigastric 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
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Alcoholic cirrhosis, hypertensive gastropathy; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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	Chirosis of liver ascites; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1

Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Cirrhosis of liver, Elevated liver enzymes level, cirrhotic liver on ultrasound, Check for hepatoma by 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	EGD WAS PERFORMED YESTERDAY. ANASTAMOSIS WAS SEEN AT 25 CM FROM THE INCISORS. MINOR NARROWING, ESOPHAGITIS AND LARGE AMOUNT OF RETAINED FOOD IN HIS STOMACH.; This study is 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 2015; There has been treatment or conservative therapy.; CHRONIC COUGH, NAUSEA WITH VOMITING, RIGHT UPPER QUADRANT ABDOMINAL PAIN, ESOPHAGEAL REFLEX; SURGERY, MEDICATIONS	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	hepatoma, portal hypertension. adeama; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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>pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis</p>	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>Patient has a new diagnosis of cirrhosis and was found to have an elevated AFP with no history of hepatitis. Need to rule out hepatocellular carcinoma.; 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 had EGD and showed stricture and erosion in gastro-esophageal junction.; 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	Pt has negative hida scan and still has abd. pain and negative US for gallstones; 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
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Pt is vomiting blood and hematemesis; abd. pain is moderate in epigastric region and Pt has a gastric ulcer; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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 suffers with anemia; fatty liver and mal absorption.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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	Recent Ultrasound showed abnormal liver echotexture, likely due to steatosis, cirrhosis is also a consideration. Radiologist recommended CT abdom with contrast enhancement for further assessment. Also they could not see the pancreas due to acoustic wind; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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	see last page.; This study is 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 xrays showed gas-filled colon with mildly dilated large intestine without air-fluid levels. He also had a cardiac workup including treadmill stress test and event monitor exam.; There has been treatment or conservative therapy.; Mr. Allen is here for evaluation of left-sided chest pain including slight discomfort in the left upper quadrant. He describes his pain is mostly in the left lower chest which radiates to his left arm as well. It makes him short of breath and sometimes ; Mr. Allen is here for evaluation of left-sided chest pain including slight discomfort in the left upper quadrant. He describes his pain is mostly in the left lower chest which radiates to his left arm as well. It makes him short of breath and sometimes	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 initial staging of a known tumor other than prostate.	2
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 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

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.; It is not known if this is 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.; This is not a request for initial staging of a known tumor other than prostate.; There is no known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; Yes, there has been a recent abdominal CT scan.; No, this is not a repeat of a CT of the abdomen within 6 weeks.	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.	1
Gastroenterology	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
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.	6

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 no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.	2
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.	13
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of Diabetic patient with gastroparesis.	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month	3

Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	To evaluate liver lesion seen on previous imaging.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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	To further evaluate abdominal pain and abnormal liver functions.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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	To further evaluate abdominal pain, weight gain, diarrhea, etc.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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	US done in 12/2015 no results// CBC panel done in 6/2016 was normal//; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Gastroenterology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON TRAST		1
Gastroenterology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON TRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	2
Gastroenterology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the abdomen.	4
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		7

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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/22/2016; There has not been any treatment or conservative therapy.; chronic hep c lost 45 lbs in 1 year having ultra valve function constipation chest pain difficulty breathing lung decreased breath sound	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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/2016; There has not been any treatment or conservative therapy.; since march 45 weight loss cough , smoker , vomiting	1

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Member had an ULTRA done that came back normal/ Member has lost more than 50 pounds unintentionally/ having rebound tenderness in left upper quadrant / colonoscopy done in 2015 and hyperplastic polyups; 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	None; This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Crohn's Disease.	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Operative Findings: Colonic tumour at IC valve. For referral to colorectal surgery; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient complains of sharp stabbing abdominal pain accompanied with chest pain. Constant nausea with diarrhea. Checking for any diverticulitis or abscesses or other inflammatory disorder.; 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
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient has had several procedures such as EGD, colonoscopy, and Gastric scan. Still having pain.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient was found to have a mass in the splenic flexure rectal mass and need CT to determine metastatic disease; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	pre-op eval colon mass in descending colon; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	Pt has abdom pain durning exam, nasuea, and a tender abdom.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first 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	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt having abdominal pain and gas; 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	Pt. had recent normal colonoscopy. Underwent Lysis of adhesions.; 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	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 chronic pain.; This 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	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.	123
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; 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
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	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; CT contrast in 3 weeks to confirm  resolution of cyst and Clinic review in 4 weeks. Plan to remove stent in 6  weeks if resolved. If LFT remains cholestatic will consider doing EUS, EGD	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; Status post liver transplant patient with history of hepatocellular carcinoma. Imaging to for surveillance of reoccurrence.	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation	4
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 unexplained weight loss of greater than 10% body weight in 1 month; Other	11

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.; 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
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;	5
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>	15
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 pain	2

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abdominal pain after colonoscopy	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 pain, gaseous and diarrhea	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; Bloating	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; chronic pain/nausea //abdominal pain /cist	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; Colonic stricture	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; Description#x0D; Abnormal finding on diagnostic imaging of other abdominal region including retroperitoneum (R93.5). Her colonoscopy to the terminal ileum in March was normal except for sigmoid diverticuli, these were seen on the CT scan as well. Her CT sho	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; DIARRHEA X 10 YEARS,CONSTIPATION,FOCAL/SELF LIMITING COLITIS,MULTIPLE POLYPS,LOW PANCREATIC ELASTA,INCREASED WBC	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; elevated lipase - abdominal pain- mother had pancreatic cancer- 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; Failure of PPI therapy, continues to have heartburn and regurgitation.	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; Had negative EGD, and negative colonoscopy, and abnormal ultrasound. Patient is having weight loss, and abdominal 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; has chronic gerd no dysphagia, remote hx of PUD?. Unexplained weight loss, epigastric pain, worse after eating, has umbilical hernia. wt loss 30 lbs last 6 monhts. EGD nad colonoscopy negative.abdominal 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; Lower abdominal pain , colonoscopy was 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; nausea , weightless , bowel movements	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; nausea vomitting epigastric pain bloating	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; Pain in rectal area, radiates to vaginal area and lower abdomen, left colonoscopy in 2014, hx of colon polip, hx of gastritis, taking medications, small external hemorrhoid.	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 having positive hemocult and has had a colonoscopy on 06/30/2016 and had EGD on 07/05/2016 and both were normal. Dr wants to look at small intestine to check for bleeding	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; profound anemia , received 2 units of blood cant figure out what is wrong with her , egd and colonoscopy was performed	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 complains of weight loss, and diarrhea, He has had the trouble for sometime. Possible Celiac 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; PT HAVING ABD PAIN AND SWELLING.	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 WT WAS 140 6-2-16 AT EGD ON 6-21-16 WT WAS 132 ON COLONOSCOPY ON 9- 15-16 WT IS 123. PT HAD GEN ABD PAIN AND N/V. PT WITH DIARRHEA ALSO	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 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; START OF SYMPTOMS:02/16/2012; ABDOMINAL PAIN FOR YEARS-; PHYSICAL EXAM FINDINGS-; ; Scoped Procedures / Referral:EGD 2012reported duodenal stricture at EGD 2012 with a quarter lodged in this area, chronic upper pain for years	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; The patient has a known history of colon cancer and colon polyps.	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; To further evaluate abdominal pain and change in bowel habits.	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; ultrasound 8/1/2016. Needs further testing.	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; Will send	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; Yes, will fax	1
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	3
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	6
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	4

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 new symptoms including hematuria.; 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 new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; 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; Abdominal pain x6mos	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; Mass found on exam LLQ area	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; on ct previously , thicken folds of small bowel, loop in abdomen and pelvis , that carries , a wide differential diagnosis including intestinal edema , infectious process, non specific inflammation, left likely lymphoma	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; Physical exam suggestive of uterine fibroids with abdominal tenderness on palpation.	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	6
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	6

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
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.; Pain	1
Gastroenterology	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

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.	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 abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.	3
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown cause for chronic nausea; This study is 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 stats she has had long term nausea - EGD and colonoscopy negative for cause of nausea - Dr. Ketcher requested CT head, abd & pelvis to help determine cause of chronic nausea; It is not known if there has been any treatment or conservative therapy.;	1

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Will speak with clinical reviewer; This is a request for an abdomen-pelvis CT combination.; This study is being 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
Gastroenterology	Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; It is unknown if the patient had previous abnormal imaging including a CT, MRI or Ultrasound.; It is unknown if this study is being ordered to evaluate an undescended testicle in a male.	1
Gastroenterology	Approval	74181 MRI ABDOMEN		1
Gastroenterology	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 not a hematologist/ oncologist.	1

Gastroenterology	Approval	74181 MRI ABDOMEN	Abdominal pain, Diarrhea, weight loss, early satiety, cyst of pancreas; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Abdominal pain, Diarrhea, weight loss, early satiety	1
Gastroenterology	Approval	74181 MRI ABDOMEN	COLONOSCOPY SHOWED ILEITIS POSSIBLE; This study is being ordered for Inflammatory/ Infectious Disease.; 3 YEARS AGO; It is not known if there has been any treatment or conservative therapy.; ABDOMINAL PAIN, DIAHRREA, BLOOD IN STOOL, WEIGHT LOSS	1
Gastroenterology	Approval	74181 MRI ABDOMEN	Cyst; This study is 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 / July; There has not been any treatment or conservative therapy.; Abdominal pain	1
Gastroenterology	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.; She had to go to the ER last week for gross hematuria. Initial labs tests were normal. She was advised to come to the clinic for further evaluation.   Currently she complains of pain in the right lower quadrant, describes it as sharp, needle pricking li	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.";	15
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."; 1)Colitis--the differential diagnosis for her colitis includes medication(NSAIDs) vs IBD. She has been off of NSAIDS for ~ 6 months. At this time I will have her repeat a colonoscopy with biopsy. If she continues to have signs of colitis, she will need to	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."; 55 yo woman with decompensated NASH cirrhosis.  Has PSE that was previously decompensated. At this point she is on lactulose and has a prescription for rifaximin but is unclear if she is taking it. The husband mentions that she has been having more conf	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."; unknown	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "There is radiographical or ultrasound findings consistant with abnormal fluid collection, abdominal abscess, or ascites."; There are NO physical findings or abnormal blood work consistent with peritonitis, pancreatitis or appendicitis.; There is active or clinical findings of ulcerative colitis, bowel inflammation or diverticulitis.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected vascular disease.; The ordering physician is not a surgeon.; There are plain film or ultrasound evidence of vascular abnormality.; Status post liver transplant patient needs MRI of the abdomen to be sure there is no splenic thrombosis as seen through IR embolization during procedure of liver biopsy.	1

Gastroenterology	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."; Follow MRI abdomen done on 5/23/2016 showed development of new intrahepatic biliary ductal dilatation along with thrombus in the adjacent hepatic vein. Close Interval follow-up was recommended.	1
Gastroenterology	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."; Follow up	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.";	5

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.";	3
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.;	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.;	1
Gastroenterology	Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.;	1
			Mr. Sitzes is a 20yo M with a PMH of biliary atresia as an infant who underwent a Kasai procedure and is here to establish care at UAMS. He is without acute complaint and notes long term clinical improvement but has worsened splenomegaly and significant t	

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.; Patient has dilated bile duct that was seen on abdominal ultrasound and had increased in size since previous MRI in 2015.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; Pt with elevated LFT's and fatty liver seen on recent exam	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."; < 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 pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Scheduled for EUS. Patient with chronic pancreatitis.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; Surgery is planned for within 30 days.	2
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study.";	5

Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" < Enter answer here - or Type In Unknown If No Info Given. >	2
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are 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 done 05/31/2016.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" Abnormal CT scan, R/O tumor/mass	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" ABNORMAL ULTRASOUND, ALCOHOLIC CIRRHOSIS OF LIVER W/ASCITES,POSSIBLE CYSTIC STRUCTURE IN THE FUNDUS OF GALLBLADDER	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 AND ULTRASOUND SHOW LARGE LEFT LIVER LOBE MASS(7.9cm mass) AND NEED EVALUATION WITH EOVI NEED FOLLOW UP CT	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.;" evaluate liver mass found on ct abd/pel per radiologist	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.;" Mrs. Jones originally had MRI in 2015 along with abdominal ultrasound that was ordered for Right upper quad abdominal pain, and those exams noticed a mass in the right lobe of her liver. She has had repeat Abdominal MRI Attention Liver exams to monitor tha	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."; Multiple hepatic adenoma	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Patient had Ultrasound in December 2015 and July 2016, found lesion. Suspicious New malignuosity.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; patient has a metastatic cancer	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Pt had a CT abdom / pelvis on 9-8-16. It showed renal mass measuring 2.7cm. They recommended a MRI abdom to look at the mass closer.	1

Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" Pt. also c/o vomiting-symptoms present for approx. 1 month; CT showed 1.1 cm lesion on left lobe of liver and needs MRI to determine what type of lesion this is	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.;" R/O mass/tumor	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has not had an abdominal ultrasound, CT, or MR study.;" Cyst of pancreas	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has not had an abdominal ultrasound, CT, or MR study.;" Mbr had an EGD was abnormal	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."; 1. Liver nodule, Elevated liver enzymes  27 yo referred from Dr. Vivkery for elevated liver enzymes Recent US performed in June that showed a 1.1cm nodule  AST and ALT 74/137, all other labs were normal Patient reports that she is feeling well and n	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."; US results requested MRI/MRCP for further eval.	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."; liver lesion	1

Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; < 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 not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Abnormal ultrasound noting liver lesion and radiologist recommends MRI to further investigate.	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.; Hepatic granuloma associated with sarcoidosis (D86.89). It would be unusual to have isolated hepatic sarcoidosis in the absence of medications that could cause hepatic granulomas. Also pancreatic involvement with sarcoidosis is quite rare. I suppose s	1

Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; 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 has history of auto immune hepatitis, diabetes, has diarrhea and nausea.	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.; quad pain cirrhosis of the 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.; right pain Is post cholecystectomy	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.; to assess his small bowel disease and compare with MRI in Jan 2015 and will also ensure that there is no anatomical cause for his rib pain	1

Gastroenterology	Approval	74181 MRI ABDOMEN	US ABD COMPLETE Findings: The visualized portions of the abdominal aorta and inferior vena cava unremarkable. The pancreas is normal in appearance. The gallbladder has been surgically removed. The common bile duct measures 1.3 cm in diameter. The right k; 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	74261 CT Colonography, diagnostic without contrast	< Enter answer here - or Type In Unknown If No Info Given. >; This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; The member had colon screening studies completed prior to this request.	1
Gastroenterology	Approval	74261 CT Colonography, diagnostic without contrast	; This patient does not have a medical problem that makes him/ her unsuitable for conventional colonoscopy.; This patient has undergone an attempted but incomplete conventional colonoscopy.; The member had colon screening studies completed prior to this request.	1
Gastroenterology	Approval	74261 CT Colonography, diagnostic without contrast	Colonoscopy was attempted on 8-25-16 by Dr McElreath but was unable to get around complete colon during exam.; This patient does not have a medical problem that makes him/ her unsuitable for conventional colonoscopy.; This patient has undergone an attempted but incomplete conventional colonoscopy.; The member had colon screening studies completed prior to this request.	1

Gastroenterology	Approval	74261 CT Colonography, diagnostic without contrast	Enter answer here - or Type pt just underwent attempted colonoscopy without success due to obstruction of questionable origin.; 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	pt with recent rectal bleeding and personal hx of cervical cancer and multi cystic adenaxal carcinoma with family hx of colon cancer. She is overdue for f/u colonoscopy and needs eval via CT colonography because her last colonoscopy was incomplete due to; This patient does not have a medical problem that makes him/ her unsuitable for conventional colonoscopy.; This patient has undergone an attempted but incomplete conventional colonoscopy.; The member had colon screening studies completed prior to this request.	1
Gastroenterology	Approval	75571 Corornary Artery Calcium Score, EBCT	elevated troponin levels in patient being evaluated for a liver transplant.; This is a request for a CT scan for evaluation of coronary calcification.	1
Gastroenterology	Approval	75571 Corornary Artery Calcium Score, EBCT	Patient is being evaluated for a liver transplant.; This is a request for a CT scan for evaluation of coronary calcification.	1
Gastroenterology	Approval	93350 ECHO TTHRC R-T 2D +M-MODE COMPLETE REST&STRS	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Stress Echocardiogram.; 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

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 had an abdominal ultrasound.; The abdominal ultrasound was not conclusive.	1
Gastroenterology	Approval	S8037 mrcp	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	6
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.; 08/2016; There has been treatment or conservative therapy.; Quad sharp and stabbing pains radiating to her back; hid scan, ultrasound and ekg	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, Diarrhea, weight loss, early satiety, cyst of pancreas; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Abdominal pain, Diarrhea, weight loss, early satiety	1
Gastroenterology	Approval	S8037 mrcp	Abdominal ultrasound shows prominent biliary duct and suggests MRCP is needed. C/O nausea, vomiting, abdominal pain, diarrhea.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Approval	S8037 mrcp	annual follow up.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Approval	S8037 mrcp	Cyst; This study is 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 / July; There has not been any treatment or conservative therapy.; Abdominal pain	1
Gastroenterology	Approval	S8037 mrcp	dilated common bile duct found on xray, colonoscopy showed colon polyps, PIPA scan in normal range, Pt still having nausea ultrasound done 5/16 did not show dilated common bile duct at that 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.; 9/9/2016; There has not been any treatment or conservative therapy.; abdominal pain, epigastric pain, nausea	1

Gastroenterology	Approval	S8037 mrcp	Patient complains of abdominal pain and cramping. He has nausea & vomiting. Bright red blood per rectum and melena. he also complains of fatigue. His recent white blood cell count was elevated as well as his amylase and lipase.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Approval	S8037 mrcp	Patient complains of abdominal pain, abdominal cramping and nausea. Amylase and lipase are severely elevated. She was hospitalized in April 2016 for pancreatitis.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Approval	S8037 mrcp	Patient needs to have an MRCP to determine the necessity of an ERCP. Patient is not known if they have a bile duct stone or dilation. Patient does have elevated bilirubin and nausea and vomiting accompanied with abdominal pain. Patient has had negative; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Approval	S8037 mrcp	Pt has had his gallbladder removed and is still having right upper quadrant pain.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Approval	S8037 mrcp	pt with abd pain, elevated amylase & lipase -; This study is being ordered for Inflammatory/ Infectious Disease.; Monday 7-18-2016; There has not been any treatment or conservative therapy.; abd pain, elevated amylase & elevated lipase - Pt with Hx of pancreatitis	1
Gastroenterology	Approval	S8037 mrcp	r/o dilation of pancreatic duct and bile duct; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1

Gastroenterology	Approval	S8037 mrcp	This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; It is not known if patient requires evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	1
Gastroenterology	Approval	S8037 mrcp	This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient 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
Gastroenterology	Approval	S8037 mrcp	This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient requires evaluation for a congenital defect of the pancreatic or biliary tract.	1
Gastroenterology	Approval	S8037 mrcp	This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient has an altered biliary tract anatomy that precludes ERCP.	3
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.	1

Gastroenterology	Approval	S8037 mrcp		UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/24/2016; There has not been any treatment or conservative therapy.; RIGHT UPPER QUADRANT PAIN, NAUSEA, BELCHING	1
Gastroenterology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Headache, Nausea, weight loss; 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
Gastroenterology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Will order CT head to exclude central causes of persistent nausea; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1

Gastroenterology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	see last page.; This study is 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 xrays showed gas-filled colon with mildly dilated large intestine without air-fluid levels. He also had a cardiac workup including treadmill stress test and event monitor exam.; There has been treatment or conservative therapy.; Mr. Allen is here for evaluation of left-sided chest pain including slight discomfort in the left upper quadrant. He describes his pain is mostly in the left lower chest which radiates to his left arm as well. It makes him short of breath and sometimes ; Mr. Allen is here for evaluation of left-sided chest pain including slight discomfort in the left upper quadrant. He describes his pain is mostly in the left lower chest which radiates to his left arm as well. It makes him short of breath and sometimes	1
Gastroenterology	Disapproval	72196 MRI PELVIS	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

Gastroenterology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Lower left quadrant abdominal pain, possible diverticulitis; This study is 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 left quadrant abdominal pain, possible diverticulitis; It is not known if there has been any treatment or conservative therapy.; Lower left quadrant abdominal pain	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	3
Gastroenterology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Hepatoma Surveillance; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1

Gastroenterology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Needs CT for hepatoma surveillance, abnormal LFT's, Liver bx revealed cirrhosis;; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Gastroenterology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PT having side pain upper quadrant lesion found on her liver; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.	1
Gastroenterology	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
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		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.; This is not the first 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
Gastroenterology	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 performed.; The results of the exam were normal.; The patient did not have an Ultrasound.	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has a strong Family history of pancreatic 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

Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	R/o fistula near the colon. Hx. of diverticulitis-possible complications.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	R/o pancreatitis; This study is being ordered for Inflammatory/ Infectious Disease.; 07/21/2016; There has been treatment or conservative therapy.; nausea with vomiting, abdominal pain; Diet modification	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.	2
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The 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; <Enter Additional Clinical Information>	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The 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; Pt s/p hysterectomy, lithotripsy, bladder sling x 2	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 clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Other	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;	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; <Enter Additional Clinical Information>	4
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abd pain-RLQ hematochezia constipation reflux, black tarry stools	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; abdominal pain	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; fax	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; having increasing pan treeing to rule out hernia	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 given	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 continues to have abdominal pain and bloating	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 abdominal pain, nausea and diarrhea, was told he had diverticulitis(no documentation to prove this). wants to rule out irritable bowel diseases.	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 is having abdominal pain and rectal bleeding	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is 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

Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Pt has abdominal pain	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.	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 female.; A pelvic exam was NOT performed.	1

Gastroenterology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	dilated common bile duct found on xray, colonoscopy showed colon polyps, PIPA scan in normal range, Pt still having nausea ultrasound done 5/16 did not show dilated common bile duct at that 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.; 9/9/2016; There has not been any treatment or conservative therapy.; abdominal pain, epigastric pain, nausea	1
Gastroenterology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	GERD, change in bowel habits; This study is being ordered for Inflammatory/ Infectious Disease.; 7/2016; It is not known if there has been any treatment or conservative therapy.; Severe Abdominal pain, upper left abdominal pain, weight loss, N&V, family history of pancreatitis	1
Gastroenterology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	Lower left quadrant abdominal pain, possible diverticulitis; This study is 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 left quadrant abdominal pain, possible diverticulitis; It is not known if there has been any treatment or conservative therapy.; Lower left quadrant abdominal pain	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.; follow up of liver lesions	1

Gastroenterology	Disapproval	74181 MRI ABDOMEN	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.; 8/24/2016; There has not been any treatment or conservative therapy.; RIGHT UPPER QUADRANT PAIN, NAUSEA, BELCHING	1
Gastroenterology	Disapproval	74261 CT Colonography, diagnostic without contrast	Radiology Services Denied Not Medically Necessary	ascending colitis, lesion in colon; 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	Disapproval	74261 CT Colonography, diagnostic without contrast	Radiology Services Denied Not Medically Necessary	This patient does not have a medical problem that makes him/ her unsuitable for conventional colonoscopy.; This patient has not undergone an attempted but incomplete conventional colonoscopy.; This patient does not have a known obstructing colorectal cancer.; The member had colon screening studies completed prior to this request.	1
Gastroenterology	Disapproval	74263 CT Colonography, screening	Radiology Services Denied Not Medically Necessary	This is a request for CT Colonoscopy for screening purposes only.	1
Gastroenterology	Disapproval	75571 Coronary Artery Calcium Score, EBCT	Radiology Services Denied Not Medically Necessary	Patient is currently being evaluated for a liver transplant.; This is a request for a CT scan for evaluation of coronary calcification.	1
Gastroenterology	Disapproval	75571 Coronary Artery Calcium Score, EBCT	Radiology Services Denied Not Medically Necessary	Patient is currently being evaluated for possible listing for a liver transplant.; This is a request for a CT scan for evaluation of coronary calcification.	1
Gastroenterology	Disapproval	75571 Coronary Artery Calcium Score, EBCT	Radiology Services Denied Not Medically Necessary	Patient is currently being evaluated for possible listing for a liver transplant; This is a request for a CT scan for evaluation of coronary calcification.	1

Gastroenterology	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
Gastroenterology	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
Gastroenterology	Disapproval	S8037 mrcp	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Disapproval	S8037 mrcp	Radiology Services Denied Not Medically Necessary	; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	2
Gastroenterology	Disapproval	S8037 mrcp	Radiology Services Denied Not Medically Necessary	Elevated amylase lipase; 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	GERD, change in bowel habits; This study is being ordered for Inflammatory/ Infectious Disease.; 7/2016; It is not known if there has been any treatment or conservative therapy.; Severe Abdominal pain, upper left abdominal pain, weight loss, N&V, family history of pancreatitis	1

Gastroenterology	Disapproval	S8037 mrcp	Radiology Services Denied Not Medically Necessary	Lab on 7/25/16; WBC 15.0; Hemoglobin 9.4; Hematocrit 26.4; Total Bilirubin 36.2; Direct Bilirubin 28.03; AST 235; ALT 132; PT 19.5; PTT 55; INR 1.7; Ferritin 17666; 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	None; 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	R/o pancreatitis; This study is being ordered for Inflammatory/ Infectious Disease.; 07/21/2016; There has been treatment or conservative therapy.; nausea with vomiting, abdominal pain; Diet modification	1
General/Family Practice	Approval	70336 MRI TEMPROMANDIBULAR JOINT, TMJ, JAW JOINT		This is a request for a temporomandibular joint MRI.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD			5
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 being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	< 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 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	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.; This headache is not described as sudden, severe or chronic recurring.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; 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.	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 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.	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.; 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
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	5
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 Vertigo; Foreign metallic bodies such as metallic splinters, metallic bullets/buckshot 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.; 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	< 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	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).; It is unknown why 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 study is 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 11th; There has been treatment or conservative therapy.; swelling , neck and jaw also lips and gum; injection	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 chronic or recurring.	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.; 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.	3
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.; 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	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 study is being ordered for a neurological disorder.; Unkown; There has been treatment or conservative therapy.; low back pain with radiculopathy, headaches, meningioma on the frontal lobe.; Injections in low back and a neuro-stimulator in back.	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	; This study is being ordered for trauma or injury.; 08/17/2016 PATIENT WAS REAR ENDED WITH AIR BAGS DEPLOYED.; There has not been any treatment or conservative therapy.; BLURRY VISION, HEADACHE, PRESSURE IN HEAD AND SEVERE NECK PAIN. PATIENT CAN'T SEE OUT OF LEFT EYE.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	chronic headaches, with sharp pain on right side, memory loss; 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	Dementia memory loss; 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	Due to motor vehicle accident; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	Earache  The patient states the earache is in the left ear. The problem is with no change. Associated symptoms include fullness in ears, mastoid bone tenderness and headache.Worst headache of her Life on Sunday,some better.; 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	Extreme headaches, vertigo, vision being altered.; 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	facial weakness; drooping on rt side of face x3mos; hypertension; obese; long term smoker; r/o tumor or lesion in the brain; 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	fatigue , muscle weakness; 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	For last month he has had worsening vision in left eye described as blurry, tingling and in left arm, and paresthesias in BLE; 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
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Further evaluation for seizures; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for new onset of seizures or newly identified change in seizure activity or pattern.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	has a thunderclap headache, worst headache 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
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Head trauma, initial encounter  fight 6 wks ago and now having anxiety and reports having difficulty with memory and had loc at the time of the incident. Happened at a party -etoh involved. Tachycardia - will have holter monitor 24hr-48hr; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	Headache not improved with pain medication. Pain on right side of head/face.; 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	hypertension , 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	MEM HAS CANCER AND THE DR THINKS IT MAY HAVE SOMETHING TO DO WITH THE CANCER; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Mental Status change with worsening symptoms of memory loss; 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	Ms. MOBBS presents with a diagnosis of headache. This was diagnosed 8/15/16 PM. The course has been stable and nonprogressive. It is of moderate intensity. She estimates that the frequency of symptoms is several times daily. There are no obvious aggr; 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	none; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	none; 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; 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	Approval	70450 CT BRAIN, HEAD	<p>On 7/16/16 patient was driving a boat. He crashed the boat into a tree. Passenger told patient that he hit his head. Patient c/o lightheadedness, nausea, and headaches. Patient informed MD that these symptoms have since resolved. MD ordering imaging to ru; 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.</p>	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	<p>passing out x2 within a few days with cold sweats and tunnel vision at work today. Pt stated after she passed out shes had headache and pressure on the back of her neck.; 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.</p>	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	<p>Patien was involved in an MVA 3 days ago. She did not go to hospital to be checked out. She is now having headache, unsteady gait, nausea and vomiting and eyes sensitive to light.; 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.</p>	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	Patient complains of dizziness that has been going on for a long time but is getting worse lately. patient states she had an episode of syncope one week ago. Patient states she feels weak at times and has episodes of presyncope. She denies vertigo.; 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 Syncope/Fainting; It is unknown why an MRI is not being considered	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Patient has a history of epilepsy; 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	Patient has a reoccurring chronic sinus headache.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Patient has daily headaches that are described as stabbing with a sudden onset. They are generally in the temple area on either 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	Approval	70450 CT BRAIN, HEAD	Patient has had bell's palsy in the past and is now experiencing facial pain along with mouth tightness.; 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 has had headache for three days with vomiting tinged with blood. Blood pressure going up and down along with 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	Approval	70450 CT BRAIN, HEAD	Patient has had several episodes of blacking out and states that she usually has a feeling that it may happen but the last time she had no warning.; 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	Patient has headache that is sudden in onset and decibes as the worst headache that she has had.; 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	patient is having bilateral blurring vision along with chronic tension type 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	Patient is having migraine headaches. Patient was hit in the head with a bat on December of 2015. The migraine headaches are not being relieved with over the counter medicines. Dr. Young wants to do a CT of the brain to make sure there is nothing wrong si; 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	Patient is having panic attacks, depression and possible schizophrenia.; 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	Patient is having recurring headaches along with episodes of syncope.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	patient is here for appt. she fell 3 weeks ago slipped on the floor. she hit her head on the floor, back right side of head. she did not go to the ER. she has had constant pain in right side of head and right side of neck. she has had some headaches since; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Patient needs to see a Neurologist for his seizures and follow up for the shunt. Neurologist will not see the patient without the CT scan. Patient can not have an MRI because there is not a specialist in the facility to reprogram the shunt.; 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	Patient was seen in ER for symptoms on 7/20/16.; This study is being ordered for a neurological disorder.; 7/20/2016; There has not been any treatment or conservative therapy.; loss of consciousness, nausea, vomiting, sweats.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	photophobia, weakness, tingling in hands,; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	pt c/o of altered speech, mental status change, weakness, and fatigue.; 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	Pt has mass on forehead that has grown in size.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	PT HAS NUMBNESS LEFT SIDE AND TREMORS IN BOTH HANDS. CONFUSION,DYSPHASIA,MEMORY LOSS; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Syncope/Fainting; There is another reason why an MRI is not being considered; CT SCAN WOULD BE BETTER FOR EVALUATING THIS PT FOR TREMORS, SYNCOPE, CONFUSION AND POSSIBLY PARKINSONS	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Pt is c/o dizziness, nausea, tingling and numbness in hand and feet and Pt had a head injury on 9/3/16.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	Pt is experiencing vision loss of both eyes, vertigo for several days, nausea; 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	Approval	70450 CT BRAIN, HEAD	Pt presenting with worse headache she's ever had lasting for the past five days.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Pt. c/o of pain in across front part of head.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Pt. fell; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Pt. has worsening left frontal lobe pain, with blurred vision, dizziness, n, v and vision loss.; 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	r/o bleed; 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 are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; "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.; This study is being requested for a headache.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Reason for Study: Has been having confusion for several weeks after her gallbladder surgery. Has had behavior changes like jumping out of her wheelchair and caught herself. Having hallucinations. Having delusions. Seeing things that aren't there. ; 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; HER OTHER INSURANCE WOULD PREAUTH FOR A 70450)CT HEAD W/O, NOT MRI AT THIS TIME.IT IS ALREADY PREAUTHED WITH #	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Right sided tremors and too young to develop something like this.; 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	<p>Rule out another unknown condition that may not have shown up on last xray and MRI.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Intermittent left sided headaches since the first of the year. &#x0D; Swollen glands in left side of neck for the past couple of months. &#x0D; Headaches worsening in the last month or two.; There has been treatment or conservative therapy.; Worsening headache, Intermittent left sided headaches since the first of the year. &#x0D; Swollen glands in left side of neck for the past couple of months.Nausea and ear pain.; Gabapentin, Excedrin Migrain, Augmentin, Prednisone, Hydrocodone, Meloxicam, Norco.&#x0D; &#x0D; Xray Sinus on 08/21/16- Impression- no air fluid levels, no opacity, possibly mild cloudiness of left maxillary sinus, very subtle.&#x0D; &#x0D; MRI Brain 09/12/15-Impression- A</p>	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	<p>Sedimentation rate is 95, Normal is 0-32.; 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.</p>	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	she states that she has been shaking a lot recently and she thinks that she has been having seizures. Her mother states that she was floppin around on the floor and wasn't aware of anything. she hasn't had any seizures in the past, but all of her family ; 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	Sudden onset of dizziness with near syncope. Change in gait.; 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	Suspecting head injury and facial fracture; This study is being ordered for trauma or injury.; 09/05/2016; There has been treatment or conservative therapy.; headache. confusion. blurred vision. multiple facial bruising.; Insaid since injury.	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.	41
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.	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 a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for a previous stroke or aneurysm.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has 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
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for infection or inflammation.	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.	9
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.	195
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.	13
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.; There is headache not improved by pain medications.; 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."; "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.	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.	5

General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital abnormality.	4
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.	15
General/Family Practice	Approval	70450 CT BRAIN, HEAD	unknown; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	unknown; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for new onset of seizures or newly identified change in seizure activity or pattern.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Unknown; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	unknown; This study is being ordered for trauma or injury.; 7/10/16; There has not been any treatment or conservative therapy.; Pt has facial swelling and bruising, loss of consciousness w/ accident. Swelling around eyes unable to see out of them	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	We need to assess this pt for possibility of TIAs or post-op encephalopathy.; 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; We have been unable to get MRI approved through your system and do not wish to delay our patient's care any longer.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	worsening of symptoms since onset of injury - patient hit back of head on concrete floor; This study is being ordered for trauma or injury.; 9/5/16; There has not been any treatment or conservative therapy.; Patient c/o HA, N/V, blurred vision, and neck pain and soreness and tightness of left scapular area	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Worst headache of life that has not improved. No previous history of 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	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
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"	3

General/Family Practice	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	UNKNOWN; This study is being ordered for Inflammatory/ Infectious Disease.; 07/02/2016; There has not been any treatment or conservative therapy.; FACIAL SWELLING, DECREASED VISION RIGHT EYE, PAIN, CELLULITIS OF FACE	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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"	10
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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.	2
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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"	5
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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"	3
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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

General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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,M AXILLOFACIAL NO CONTRAST	CHRONIC PANSINUSITIS,CHRONIC RECURRENT SINUSITIS,RHINNORHEA,PURLENT SINUS DRAINAGE,COUGH,HEADACHE,SINUS PRESSURE,R/O POLYPS,BACTERIAL INFECTION,FUNGAL 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,M AXILLOFACIAL NO CONTRAST	chronic sinusitis and anosmia; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); The time since onset is unknown	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Chronic Sinusitis; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Has been on more than one antibiotic for this, and it keeps coming back.; This study is being 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	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Kia L Perez is a 40 y.o. female who complains of congestion, nasal blockage, right sinus pain, photophobia, and headaches on the right side of her face for 2 wks. She denies a history of fevers and denies a history of asthma. Patient does not smoke cigare; This study is being 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,M AXILLOFACIAL NO CONTRAST	Mass in cheek ,; "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,M AXILLOFACIAL NO CONTRAST	Patient has had headaches along with sinus symptoms since April; This study is being 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,M AXILLOFACIAL NO CONTRAST	Patient was involved in domestic violence and was punched in the left eye. Eye is erythematous and injected. Pain around eye socket.; "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,M AXILLOFACIAL NO CONTRAST	Pt has been on 4 rounds of antibiotics without relief; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Pt has had several sinus infections over the last 3 months, been treated and she will have improvement and then shortly symptoms will return; This study is being 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

General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	see imported 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.; 08/11/2016; There has been treatment or conservative therapy.; Migraine Headache  Sinus Polyp; Imitrex, Ibuprofen	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Suspecting head injury and facial fracture; This study is being ordered for trauma or injury.; 09/05/2016; There has been treatment or conservative therapy.; headache. confusion. blurred vision. multiple facial bruising.; Insaid since injury.	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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,M AXILLOFACIAL NO CONTRAST	This study is being ordered for follow-up to trauma.; This is a request for a Sinus CT.	3
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	This study is being ordered for osteomyelitis.; This is a request for a Sinus CT.	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	This study is being ordered for pre-operative evaluation.; This is a request for a Sinus CT.	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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)	3

General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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)	2
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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,M AXILLOFACIAL 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)	11
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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)	13
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	unknown; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	UNKNOWN; This study is being ordered for Inflammatory/ Infectious Disease.; 07/02/2016; There has not been any treatment or conservative therapy.; FACIAL SWELLING, DECREASED VISION RIGHT EYE, PAIN, CELLULTIS OF FACE	1

General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	unknown; This study is being ordered for trauma or injury.; 7/10/16; There has not been any treatment or conservative therapy.; Pt has facial swelling and bruising, loss of consciousness w/ accident. Swelling around eyes unable to see out of them	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Unknown; 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	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D 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.; 04/16/2016; There has been treatment or conservative therapy.; pain in throat in chest difficult swallowing; medicine	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D 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.; 08/4/16; There has been treatment or conservative therapy.; Sore throat swollen neck swollen limp nodes chronic meningitis drainage tonsil absess; Antibiotics	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.; july 11th; There has been treatment or conservative therapy.; swelling , neck and jaw also lips and gum; injection	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 Vascular Disease.; 07/01/2016; There has been treatment or conservative therapy.; pressure in head when bends over; seen by specialist and taken antibiotics	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. 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
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Enlarging mass in patients neck.; This study is being ordered for Inflammatory/ Infectious Disease.; 09/18/2016; There has been treatment or conservative therapy.; Mass in neck, fever, swollen lymph nodes; Anti inflammatories, antibiotics, and pain management. Doxycycline and rocephin	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	patient has 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

General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Patient with complaints of swollen neck and lump on neck. Upon examination a 0.5cm hard movable swollen non-tender lump was noted over the course of 5 weeks no changes occurred with treatment of ABX and steroid. Since pt had not improved a soft tissue ult; 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.; 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	Rule out another unknown condition that may not have shown up on last xray and MRI.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Intermittent left sided headaches since the first of the year.  Swollen glands in left side of neck for the past couple of months.  Headaches worsening in the last month or two.; There has been treatment or conservative therapy.; Worsening headache, Intermittent left sided headaches since the first of the year.  Swollen glands in left side of neck for the past couple of months.Nausea and ear pain.; Gabapentin, Excedrin Migrain, Augmentin, Prednisone, Hydrocodone, Meloxicam, Norco.  Xray Sinus on 08/21/16- Impression- no air fluid levels, no opacity, possibly mild cloudiness of left maxillary sinus, very subtle.  MRI Brain 09/12/15-Impression- A	1

General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	The knot is painful and it has grown in size; 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.; 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
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.	4
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.	1

General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.	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.	4
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.	77
General/Family Practice	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; ;	1
General/Family Practice	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	monitoring of intracranial aneurysm noted previously on MRA brain w/o contrast; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; headaches; intracranial aneurysm monitored by serial images MRA brain w/o contrast	1

General/Family Practice	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Patient is have distorted hearing due to this issue also and tinnitus.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; patient is having severe pulsatile tinnitus; There has been treatment or conservative therapy.; Severe Right ear pain for 4 days; omeprazole and meloxicam	1
General/Family Practice	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	unknown; This study is being ordered for Vascular Disease.; Severe Carotid Stenosis; It is not known if there has been any treatment or conservative therapy.; Acute TIA on 06-29-2016 weight loss	1
General/Family Practice	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the brain.	6
General/Family Practice	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;	1
General/Family Practice	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	monitoring of intracranial aneurysm noted previously on MRA brain w/o contrast; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; headaches; intracranial aneurysm monitored by serial images MRA brain w/o contrast	1

General/Family Practice	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Patient is have distorted hearing due to this issue also and tinnitus.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; patient is having severe pulsatile tinnitus; There has been treatment or conservative therapy.; Severe Right ear pain for 4 days; omeprazole and meloxicam	1
General/Family Practice	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	re-evaluate known basilar and carotid artery stenosis-pt was recently seen in PCP's office-per PCP's office pt has same symptoms as in March, 2016; -dizziness; -memory loss; -weakness; This study is being ordered for Vascular Disease.; pt was seen in our office first on 3/9/2016; There has been treatment or conservative therapy.; unknown at this time, pt was last seen in our office on 4/20/2016; pt is on dual antiplatelet therapy asa and plavix for known basilar and carotid stenosis	1
General/Family Practice	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	unknown; This study is being ordered for Vascular Disease.; Severe Carotid Stenosis; It is not known if there has been any treatment or conservative therapy.; Acute TIA on 06-29-2016; weight loss	1
General/Family Practice	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the Neck.	8
General/Family Practice	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE		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 suspicion of neoplasm, tumor or metatstasis	3

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	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 trauma or injury of the orbit, face or neck soft tissue	2
General/Family Practice	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/2016; There has not been any treatment or conservative therapy.; Vision changes, vision just goes out, with no report of pain when it happens.	1
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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/11/2016; There has been treatment or conservative therapy.; Swelling on the right neck tingling down the right arm dizzy submandibular tingling down the right arm and neck area; Medications injection	1
General/Family Practice	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	6cm mass that extends to left shoulder , been there for over a month and is not painful to touch; 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	70540 MRI ORBIT/FACE/NECK W/O DYE	dr thakor has ordered MRI of brain and orbits with urgency and would like procedures done asap; This study is 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 was 3 weeks ago; There has been treatment or conservative therapy.; headache, left sided visual loss; pt seen Dr. Connie Smith, ophthalmologist, who advised that pt have an MRI of brain for further evaluation	1
General/Family Practice	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Numbness in bilateral arms, nerve conduction study done and shows mild to moderate bilateral ulnar neuropathies at the level of the elbow, but does not explain numbness; "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	Pt c/o 5 months pain behind left eye. Pain comes and goes without any known exacerbating or alleviating factors. Pain is sharp and severe sometimes radiating into ipsilateral neck. Episodes occur several times/day each lasting 5-10 minutes; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/20/16 office visit; There has not been any treatment or conservative therapy.; Pt c/o 5 months pain behind left eye. Pain comes and goes without any known exacerbating or alleviating factors. Pain is sharp and severe sometimes radiating into ipsilateral neck. Episodes occur several times/day each lasting 5-10 minutes	1
General/Family Practice	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	SEE UPLOADED CLINIC NOTES; This study is being ordered for trauma or injury.; AUGUST 8 2016; It is not known if there has been any treatment or conservative therapy.; BLURRED VISION, CONFUSION, DIZZINESS, HEADACHE, TROUBLE WITH SPEECH AND THOUGHT PROCESS	1
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.	2

General/Family Practice	Approval	70544 Mr angiography head w/o dye	<p>All previous test have not been conclusive to her symptoms. And with strong family history, Dr. Maxwell has order these test for cautionary measures.; This study is being ordered for Vascular Disease.; May 2016 for the headaches. August 2016 is when syncope appeared.; There has been treatment or conservative therapy.; Syncope, daily headaches that were persistent before surgery and are still present and vertigo. Family history of intracranial aneurysms that have been present on her mother's side with most females presenting this resulting in death.; June 2016 surgery for herniated cervical discs. Tramadol for pain. Over the past couple of weeks patient has had Labs, Angiogram, Echo, CTA of Carotid and EKG.</p>	1
General/Family Practice	Approval	70544 Mr angiography head w/o dye	<p>Doctor at hospital said CT done at hospital suggest an aneurysm and an MRI , MRA is needed.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient was coming in for a follow up visit from the ER on 8/24/2016. March the 30th patient states that noise bothers her. Initial onset was on March 30th 2016; There has been treatment or conservative therapy.; Patient has headache and slurred speech. patient has low normal blood, left face numbness, weaknes, slurring, trouble calling words, neck is tight, migraine headaches that are worst when laying down and better when sitting up.; Patient started new medication.</p>	1

General/Family Practice	Approval	70544 Mr angiography head w/o dye	Other testing inconclusive; Patient had episode of disorientation/slurred speech. Blurry/double vision for the past week, occipital headache, pressure-like, radiated to right side, worsened by photophobia, history of seizures.; This study is being ordered for a neurological disorder.; Headaches, blurry/double vision for the last week with pinpoint pupils on 09/25/16. Patient reports slurred speech and disorientation upon waking on 09/25/16. Patient has a history of migraine headaches back/neck pain. Last MRI of the brain-Impression: A ; It is not known if there has been any treatment or conservative therapy.; headache and neurological sx's of diplopia and slurred speech	1
General/Family Practice	Approval	70544 Mr angiography head w/o dye	Patient was seen in ER for symptoms on 7/20/16.; This study is being ordered for a neurological disorder.; 7/20/2016; There has not been any treatment or conservative therapy.; loss of consciousness, nausea, vomiting, sweats.	1
General/Family Practice	Approval	70544 Mr angiography head w/o dye	signs of slurring 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.; 8-8-2016; There has not been any treatment or conservative therapy.; headache sudden onset, r side, nausea, gait instability	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.	5

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.	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 not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	3
General/Family Practice	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
General/Family Practice	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
General/Family Practice	Approval	70544 Mr angiography head w/o dye	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/17/2016; There has not been any treatment or conservative therapy.; SEIZURES AND SYNCOPE	1
General/Family Practice	Approval	70544 Mr angiography head w/o dye	Unknown; This study is being ordered for trauma or injury.; 09/21/2016; There has been treatment or conservative therapy.; Primary symptoms headache, back and neck pain; Date of injury 9/21/2016 seen in NEA Baptist Hosp., and had CT Abdomen/pelvis (normal), CT Cervical Spine (normal), and CT Head (normal). Then went to PCP on 9/23/2016 and had x-ray of left knee.	1

General/Family Practice	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
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	The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is not a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This is a request for a Neck MR Angiography.; The patient has had an abnormal ultrasound of the neck.	1
General/Family Practice	Approval	70547 Mr angiography neck w/o dye	This is a request for a head and neck MR Angiogram.; There is an immediate family history of aneurysm.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	"debilitating" migraines, has been having at least 2-3 severe migraines weekly but usually will have at least a mild migraine daily, frequent or 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	< 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	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.	3
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has NOT been a recent assessment of the patient's visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	1

General/Family Practice	Approval	70551 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.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	2
General/Family Practice	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

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
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).	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; 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.	3
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; 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.	2

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</p>	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing fatigue or malaise.</p>	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< 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.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing fatigue or malaise.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< 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 vertigo	2
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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 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	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; numbness, tingling and weakness. Leg swelling.	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 Inflammatory/ Infectious Disease.; three months ago; There has been treatment or conservative therapy.; severe headache, sudden onset, pain at base of skull and neck, numbness, nausea, shocking sensation, osteomo right frontal, c3 disc bulge; Enbrel, pain medication, steroid	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 >; 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	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/1996; There has been treatment or conservative therapy.; headache, lumbar back pain, radiculopathy pain down the legs, visual disturbance; 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.; 2/2016; There has not been any treatment or conservative therapy.; Vision changes, vision just goes out, with no report of pain when it happens.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; PT; Medication therapy and rest; Apply hot and cold	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; tingling	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).	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 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	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; 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 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.; 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.	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 normal; The patient is experiencing 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.; 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
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 does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	2
General/Family Practice	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

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; UNKNOWN; There has not been any treatment or conservative therapy.; PARESTHESIA, RIGHT UPPER AND LEFT UPPER, TREMOR, COGNITIVE DELAY	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.; This migraine started 2 weeks ago; There has not been any treatment or conservative therapy.; migraine onset 2 weeks ago, pain is diffuse with no specific location, characterizes it as severe, associated symptoms include vomiting, worsening HA more now than ever before	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; 9-8-2016; There has been treatment or conservative therapy.;	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	4/30/2015 non-contrasted head CT shows enlargement of left lateral ventricle and empty sella configuration; 5/26/2015 MRI brain with contrast shows focal area of T2/FLAIR hyperintensity in the occipital horn of right lateral ventricle likely related to ch; This 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	52 year old male presents with 2 month history of sudden loss of smell and taste sensation.; 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	All previous test have not been conclusive to her symptoms. And with strong family history, Dr. Maxwell has order these test for cautionary measures.; This study is being ordered for Vascular Disease.; May 2016 for the headaches. August 2016 is when syncope appeared.; There has been treatment or conservative therapy.; Syncope, daily headaches that were persistent before surgery and are still present and vertigo. Family history of intracranial aneurysms that have been present on her mother's side with most females presenting this resulting in death.; June 2016 surgery for herniated cervical discs. Tramadol for pain. Over the past couple of weeks patient has had Labs, Angiogram, Echo, CTA of Carotid and EKG.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	also having syncope episodes while driving.; 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	Blurred vision, dizziness, nausea and phonophobia, headache described as worst headache of her life; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Chronic migraines S/P shunt; This 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	closed head injury on 5/9/2016. Chronic frontal headache, sleep disturbances; 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	decreased hearing; seizures; This study is being ordered for a neurological disorder.; 01/15/2016; There has not been any treatment or conservative therapy.; hep c; hypertension; neuropathy	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Doctor at hospital said CT done at hospital suggest an aneurysm and an MRI , MRA is needed.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient was coming in for a follow up visit from the ER on 8/24/2016. March the 30th patient states that noise bothers her. Initial onset was on March 30th 2016; There has been treatment or conservative therapy.; Patient has headache and slurred speech. patient has low normal blood, left face numbness, weaknes, slurring, trouble calling words, neck is tight, migraine headaches that are worst when laying down and better when sitting up.; Patient started new medication.</p>	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>dr thakor has ordered MRI of brain and orbits with urgency and would like procedures done asap; This study is 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 was 3 weeks ago; There has been treatment or conservative therapy.; headache, left sided visual loss; pt seen Dr. Connie Smith, ophthalmologist, who advised that pt have an MRI of brain for further evaluation</p>	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Duration of Symptoms: Start: 08/08/2006   Physical Exam Findings: recurrent headaches for 10 years that are worsening in nature pt has blurred vision, dizziness, phonophobia, photophobia, nausea, vomiting and visual auras, no known triggers, recurring w; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	establish cause of neurological sx; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; head tremor; pain; numbness and tingling of upper extremities and h/a; PT; steroid treatment and pain meds	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	frequency of headaches has been increasing; This 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	fungating lesion at site of remote gamma knife surgery right posterior occiput.; 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	h/a 3x per wk; nausea and vomiting during the 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).	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Head injury with concussion with loss of consciousness of unspecified duration. Acute post-traumatic headache without intractable headache. Patient is having difficulty concentrating and remembering things. Unspecified Dementia with behavioral disturbance; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; It is not known if there are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head occurred more than 1 week ago.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	headache for 2 months, lost 6 pounds, made worse by movement, sinus x-ray was negative; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; 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	Headache: Patient reports he's had a daily headache for at least the last 10 years. Patient reports he often wakes with headache, goes to bed with a headache. He reports that his headache started more than 10 years. Increasing in 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

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Headache: Patient reports that she has chronic persistent headache for the last 4 days. The pain is behind the eyes bilaterally the occiput. She's been on Tylenol and ibuprofen without improvement. She went to the ED and was she day headache cocktail whic; 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	Headaches; worsening in 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
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Lab test results came back high twice. Headaches are more severe within this past week. Lab is "very abnormal"; 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	lactation without a child.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	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 results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MORE FREQUENT HEADAHCES, LASTING LONGER, NO RELIEF FROM OTC MEDICATIONS.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Motor strength decreased. Headaches as well. MD wants to r/o ischemic/CAD. A lot of neurological symptoms going on.; This study is 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.; Pt experiencing lower extremity weakness, Weakness BILAT, nausea and numbness and tingling in neck. Unsteady gain, unable to ambulate. Difficulty putting her thoughts together. Having trouble lifting her legs and she faints. EKG show tachycardia; She has been to 3 different ER's Labs, fluids. Pain meds.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MRI of brain need to evaluate post stroke condition. Had CVA 3/2/16 MRI revealed small infarct right thalamus. He had trouble speaking and moving left side at first but that has resolved. He has started having headaches behind his eyes almost every nigh; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MRI of the c spine without contrast dated 07/12/2016 shows hyperintense signal within the cord at C3 and questionably at C4. Possibility of demyelinating process is raised.; This study is being ordered for a neurological disorder.; 6 months without relief from steroids, PT and anti-inflammatory meds; There has been treatment or conservative therapy.; weakness in upper extremities; NSAIDS	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Mrs. Ashley presents in follow up from ER. She was seen in the ER on 7/13/16. She was diagnosed with seizures. The patient has been taking: the following prescriptions: Ativan. Associated symptoms include feels weird and drowsy from ativan. Patient st; 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
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Mrs. Trevino has numbness on the left side of her body mainly from the head down the neck. Also she has become dizzy.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	none 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	none given; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	None.; 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	none; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; It is unknown if the patient has HIV or cancer.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	None; This study is being ordered for a neurological disorder.; 12/2/2015; There has been treatment or conservative therapy.; Pt has occasional loss of vision., painful and swollen joints, difficulty swallowing. Pt has numbness in hands and feet, nausea, shortness of breath.; Pt tried PT. medication therapy	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	none; This study is being ordered for a neurological disorder.; x 7 years; There has been treatment or conservative therapy.; Headaches which are severe, Stiffness in base of neck, weakness and tingling in arms, Syncope.; MEDS!!	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	numbness of upper limbs, history of chronic migraines. Fell like disoriented. Dizziness while driving which lasted 30 minutes. Last episode was a few months ago while walking.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Numbness on left side Dizziness; 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	one week ago patient fell due to vertigo. pt unsure if she passed out. vertigo is worsening. problems with skin. rosacea vs. lupus; 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	Other testing inconclusive; Patient had episode of disorientation/slurred speech. Blurry/double vision for the past week, occipital headache, pressure-like, radiated to right side, worsened by photophobia, history of seizures.; This study is being ordered for a neurological disorder.; Headaches, blurry/double vision for the last week with pinpoint pupils on 09/25/16. Patient reports slurred speech and disorientation upon waking on 09/25/16. Patient has a history of migraine headaches back/neck pain. Last MRI of the brain-Impression: A ; It is not known if there has been any treatment or conservative therapy.; headache and neurological sx's of diplopia and slurred speech	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient also here with worsening headaches, from the neck forward to his forehead. He states he has light sensitivity and noise sensitivity, and he has to lay in bed and put a cold towel over his head until his headache subsides. The headaches are worseni; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient complains of headache. Onset was one month ago. The pain is diffuse with no specific location. Ms. Watson denies having significant prior headaches. She characterizes it as a sensation "like my head will explode" and "pressure". Associated sy; 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	patient fell and hit her head and is now having memory loss, blurred vision, headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient had orbital floor fracture due to ATV accident in 2014 and has recent onset of headaches on the right side of his head which started 3 weeks ago; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient had trauma to head 2 months ago and is now having pain on right side of head; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; It is not known if there is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient has dizziness. she also is presenting with unsteady gait drifting 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.; 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	patient has dizziness; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a “thunderclap” or the worst headache of the patient’s life.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has gradual onset hearing loss, daily activities and work limited; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient had a normal audiogram.; The patient is experiencing hearing loss.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	PATIENT HAS HAD AN AVM LAST YEAR. PATIENT HAS TINGLING AND NUMBNESS IN FACE AND RIGHT ARM OFF AND ON FOR THREE WEEKS.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has worsening weakness and pain of left leg causing difficulty with walking up stairs.; 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	Patient is having issues with confusion and facial 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

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient is seen in clinic today with a possible concussion. Patient states the hit was while he was on defense playing outside line backer.; 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.; 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	Patient presented to clinic with elevated blood pressure 187/112, and chronic 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.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient presents with dizziness, neck stiffness and vision aura; 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
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient presents with syncope, few days ago passed out while driving. no warning, no headache or chest pain. when woke up surrounded by other people, not sure how long she was out. blood work pending; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient recently delivered 2 weeks ago, infant has Spina Bifida, infant had surgery.Pt went through alot of stress. Migraine headache, pt states she gets dizzy and has had a headache for 2 weeks now. States that it all started after epidural injections du; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient suffered a recent fall approx 10 days ago suffering head trauma and sudden onset of dizziness & headache; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; 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	Patient with daily migraines despite medications.; This 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	personal history of chari malformation; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt also has nausea and vision change with headaches. Pt has also tried different medications.; This request 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 c/o 5 months pain behind left eye. Paincomes and goes without any known exacerbating or alleviating factors. Pain is sharp and severe sometimes radiating into ipsilateral neck. Episodes occur several times/day each lasting 5-10 minutes; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/20/16 office visit; There has not been any treatment or conservative therapy.; Pt c/o 5 months pain behind left eye. Paincomes and goes without any known exacerbating or alleviating factors. Pain is sharp and severe sometimes radiating into ipsilateral neck. Episodes occur several times/day each lasting 5-10 minutes	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt fell 5 days ago, head injury, hematoma scalp, increasing head ache dizziness, walking difficulty; 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	pt fell about 2 months ago, had brief LOC, pt reports frequent headaches,dizziness at times, lack of balance at times,medication has not alleviated symptoms or pain; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt had a ct brain done on 9/27/2016 and it read:"There is a moderate sized area decreased attenuation left basal ganglia measuring 1.71x1.98cm, probable old basal ganglia infarct. A follow up MRI scan may be helpful to further assess for developing or ac; 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 has a h/x of 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
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt has a new sudden onset of HA with visual disturbance; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt has elevated prolactin level; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	PT HAS HAD DIZZINESS AND DISEQUILIBRIUM LEADING TO 4 DIFFERENT INSTANCES OF FALL. PT HAD A TYMPANOGRAM THAT CAME BACK 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; The condition is not associated with headache, blurred or 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	Pt has poor memory; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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 here with c/o having headache since early this AM , started vomiting later . has felt really tired and fatigued .  felt shaky . felt off balalnce .; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt is also having vision changes.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt was diagnosed with neurofibromatosis and doctor would like MRI to assess.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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 ELEVATED PROLATIC LEVEL, ELEVATED TESTORONE; 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	Reason:A few weeks ago Mrs. Karen presented to my office with new onset seizure like activity. She was actively convulsing in the office and was sent to ER. CT was neg in ER Since d/c, she has been having seizure like activity on a daily basis, she can fe; 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
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Ruling out foraminal and central stenosis; This study is being ordered for a neurological disorder.; 8/17/2016; There has not been any treatment or conservative therapy.; Severe headaches, right side neck pain, dizziness and nausea	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	SEE UPLOADED CLINIC NOTES; This study is being ordered for trauma or injury.; AUGUST 8 2016; It is not known if there has been any treatment or conservative therapy.; BLURRED VISION, CONFUSION, DIZZINESS, HEADACHE, TROUBLE WITH SPEECH AND THOUGHT PROCESS	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	see uploaded; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; It is unknown why this study is being ordered.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	seizure disorder with history of brain tumor; 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
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	signs of slurring 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.; 8-8-2016; There has not been any treatment or conservative therapy.; headache sudden onset, r side, nausea, gait instability	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Syncope; 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 less than 24 hours ago.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	tenderness to lower paraspinal cervical area and posterior bilateral shoulders; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.; pain in neck that worsens with movement and radiates to posterior shoulders b/l with tingling, history of migraines, but pt reports increase in frequency and worsening of pain since MVA	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	the patient is having alteration of mental status and has been occurring in an intermittent pattern for 1 year (AND ONE HALF). The course has been recurrent.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	the Pt has had weight loss, loss of taste, metallic taste in mouth, difficulty swallowing. Evaluate for MS.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	1
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.	1

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 had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	1
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.	2
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of 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; 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
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 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.; 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.	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 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.	49
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.	189

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.	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 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.	14
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.	120
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).	8
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.	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.; 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.	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.; 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; 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.	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.; 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.	29

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.	9
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo	3
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.	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.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing fatigue or malaise.	4
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 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; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; The patient has a congenital abnormality.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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 notes on exam that the patient has delirium or acute altered mental status.	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 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.	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 Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	18

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.	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 seizures; There has not been a previous Brain MRI completed.	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.; Requested for evaluation of stroke or aneurysm; There are not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; There a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
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.	54
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.	9

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of 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
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.	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 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.	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.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	4
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	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.; This study is being ordered for and infection or inflammation.	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.	6

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.; 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
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Tinnitus: ongoing for more that 6 months bilateral ears. High pitched tone, she denies any significant loud noises. Patient reports it's been ongoing without significant improvement. She is on one or 2 medications that have been known to cause tinnitus in; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	to r/o chiari malformation; This study is being ordered for a neurological disorder.; 8/3/2016; There has been treatment or conservative therapy.; nausea vomiting dizziness blurred vision weakness bilateral arm parathesia Chronic pain; Ibuprofen naproxen flexeril bupapa	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	TO RULE OUT MULTIPLE SCLEROSIS; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; It is not known if there are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Transient confusion AV Malformation; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The 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

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	trauma; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; It is unknown if the patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Approval	70551 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 stroke or aneurysm; There are not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; one month ago; There has not been any treatment or conservative therapy.; dull sensation and weakness in left leg, tightness and stiff muscle, speech difficult, light head,	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.; 06/23/2016; There has not been any treatment or conservative therapy.; memory loss; ha; back pain	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.; 8/17/2016; There has not been any treatment or conservative therapy.; SEIZURES AND SYNCOPE	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This study is being ordered for trauma or injury.; 01/1998; There has not been any treatment or conservative therapy.; headache, numbness and tingling and upper extremity	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This study is being ordered for trauma or injury.; 16 years for the back pain and 3 years for the headaches; There has not been any treatment or conservative therapy.; low back pain and severe headaches	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	VISION LOSS; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, 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	worsening h/a x 3wks; photophobia; pt has never had a n/a like this before; This 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	Worsening Headaches, TIA; This 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	Worsening Headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX		2
General/Family Practice	Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	39
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.; CT reported ECT atic ascending thoracic aorta measuring 3.6cm in diameter. Mild atherosclerotic vascular disease w/ evidence of coronary artery involvement.; 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."; It is not known if there is radiologic evidence of mediastinal widening.; Ms. Elliot is currently taking Victoza for weight loss management.  Ms. Elliot denies any current form of exercise. She states that daily water intake is 64 ounces. Concurrent health problems include hypertension, depression, insomnia, and arthritis,.; 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.	190

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.	6
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.	4
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.	13
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.	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.; 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. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 something other than: known trauma or injury, metastatic disease, a neurological 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	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.; 04/16/2016; There has been treatment or conservative therapy.; pain in throat in chest difficult swallowing; medicine	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.; 06/04/2016; There has been treatment or conservative therapy.; CHRONIC COUGH; MEDICATIONS	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.; 5/2016; There has not been any treatment or conservative therapy.; pain and tenderness	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/12/2016; There has not been any treatment or conservative therapy.; pain, upper quad-lower quad- chest 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 Vascular Disease.; 07/01/2016; There has been treatment or conservative therapy.; pressure in head when bends over; seen by specialist and taken antibiotics	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	. EXAM DESCRIPTION: CT LOW DOSE LUNG SCAN HISTORY: Screening for Lung Cancer; COMPARISON: None TECHNIQUE: Helical axial noncontrast images are obtained from the lung apices to below the diaphragm utilizing low dose technique. Axial, coronal, and ; 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	; "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
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.	4
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.	4
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.	12

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.	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.; 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	; 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	; 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
General/Family Practice	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 not a hematologist/ oncologist.	3
General/Family Practice	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 not a hematologist/ oncologist.	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.; ;	2

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.; Persistent cough and sinus infections since 06/01/2016; There has been treatment or conservative therapy.; persistent cough, allergic rhinitis infection non-resolving.; Patient has used sprivia, vistaril and promethazine-codeine.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	1 year follow up; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	6 month f/u of 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	6 Month FU to 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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	63 yo female noted to have pulmonary nodules, last CT was in 7/2015. Please do a repeat chest CT now to look for nodule stability.; "There is NO evidence of a lung, mediastinal or chest mass 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	6mos f/u to a ct scan which showed a 5mm rml and a 4mm rll 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	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	19
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.	3
General/Family Practice	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.	38
General/Family Practice	Approval	71250 CT CHEST, THORAX	abdominal pain previous CT scan was 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.; 8/13/2016; There has not been any treatment or conservative therapy.; Abdominal pain	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	abn chest xray and 30year abuse of tobacco.; 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	ABN weight loss; "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 x-ray with mass on left side.; "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.; "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 of the abdomen done and recommended that patient have CT of chest due to lung nodules and history of patient being 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

General/Family Practice	Approval	71250 CT CHEST, THORAX	abnormal 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	Abnormal Pulmonary Function Study. Solitary Pulmonary Nodule.; 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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Additionally, she presents with history of smokers' cough. this has been a problem for the past 1 1/2 months. It is associated with chest pain described as mild and mild discomfort and clear productive sputum. Nothing seems to improve the cough. No ne; "There is NO evidence of a lung, mediastinal or chest mass 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 congestion and coughing; 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	chest ct 1yr ago that showed chest nodules this 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
General/Family Practice	Approval	71250 CT CHEST, THORAX	chest ct done 08/13/2014 that showed a non specific nodule in right lobe. recommended short term follow up, abnormal chest x-ray as well which prompted ct of chest that showed the abnormal area of the right mid 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
General/Family Practice	Approval	71250 CT CHEST, THORAX	chest pain and severe shortness of breath particularly with activity- has had normal chest xray, stress test and 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
General/Family Practice	Approval	71250 CT CHEST, THORAX	CHEST PAIN WITH SHORTNESS OF BREATH AT TIMES. NODULE; "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	Chest pain, 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.; 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
General/Family Practice	Approval	71250 CT CHEST, THORAX	chest x-ray abnormal. lower right 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.; x ray 07/27/16 issue started 3 weeks ago; There has not been any treatment or conservative therapy.; abdomen pain, shortness of breath, tenderness to touch of upper right quad and back pain	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	chest xray on 7-5-16 shows possible nodular density; "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	Chronic chest pain, shortness of breath, pain worse with movement; "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	Chronic cough, unexplained 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	CLINIC NOTES 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	Costochondritis; A Chest/Thorax 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 SOB asthma; 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	Cough that has lasted 7 month and xray showed an enlarged aorta; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	cracking in the lungs xrays are abnormal radiologist recommend a ct scan to see what is going on; A Chest/Thorax 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	CT 03/25/2016 Recommendation by radiologist to follow up in 6 months. Multiple small nodules largest 6mm observed.; "There is NO evidence of a lung, mediastinal or chest mass 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 on March 9 of 2015 showed 6 mm nodule in right upper lobe; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	degenerative disc disease on mri in the past in lumbar spine with radicular pain and numbness going down the left 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.; HAS BEEN HAVING SEVERE BACK PAIN FIR THE PAST 5 YRS, HAS BEEN TREATED AT THIS FACILITY SINCE 8/2015; SOLITARY NODULE RIGHT LUNG ON CT 8/2015; There has been treatment or conservative therapy.; NO LUNG SYMPTOMS; increasing pain in his back going down the left leg. goes into the back of the thigh and into the calf. numbness, tingling, and weakness (left leg). EXAM: Musculoskeletal:: Motor Strength and Tone: normal. Joints, Bones, and Muscles; PT HAS BEEN SEEING PAIN MGMT, TAKEN PAIN MEDICATION, NO BOWEL OR BLADDER PROBLEMS	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	depended upon oxygen, transplant, 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	Approval	71250 CT CHEST, THORAX	Diagnostic Test for abnormal finding in lung field, azygous node in right lung field; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has not been any treatment or conservative therapy.; COPD, Shortness of breath, dyspnea on exertion, cough	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Document completion of pulmonary embolism; 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	Enlarging mass in patients neck.; This study is being ordered for Inflammatory/ Infectious Disease.; 09/18/2016; There has been treatment or conservative therapy.; Mass in neck, fever, swollen lymph nodes; Anti inflammatories, antibiotics, and pain management. Doxycycline and rocephin	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	Enter 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
General/Family Practice	Approval	71250 CT CHEST, THORAX	Esophageal abnormality found on previous CT abdomen and pelvis.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	EXAM DESCRIPTION: CT LOW DOSE LUNG SCAN; HISTORY: Preventive Care; Yes; history of tobacco use. Lung cancer screening; COMPARISON: None; TECHNIQUE: Helical axial noncontrast images are obtained from the lung apices to below the diaphragm utilizing I; 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	F/U FROM A PREVIOUS TEST THAT SHOWED MULTIPLE 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	f/u from imaging done 03/17/2015; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	F/U 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	first seen for chest pain xrays medicine still in 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	Follow up Chest CT From April 2016. Opacity found in Right upper and 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
General/Family Practice	Approval	71250 CT CHEST, THORAX	Follow up of multiple 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	Follow up to suspicious mass found on Lung CT in January 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	follow up; "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	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
General/Family Practice	Approval	71250 CT CHEST, THORAX	History of asbestos exposure for 8 years. Nodule in right hilum. exertional shortness of breath.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	hx of ovarian cancer; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1

General/Family Practice	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
General/Family Practice	Approval	71250 CT CHEST, THORAX	It is not known if there is 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."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; 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	It is not known if there is radiologic evidence of non-resolving pneumonia.; The patient is presenting new signs or symptoms.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	large hernia on left side of chest; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Last CT on 01/26/2015 3 nodules were seen in right lung and tiny nodule seen in left lung; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	left lung base nodules radiologist advs 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	LEFT SIDED CHEST PAIN,DIFFICULTY BREATHING,COUGH,ABNORMAL CHEST XRAY DONE 08/25/2016 SHOWS LUNG MASS,INCIDENTAL FINDING ON CHEST XRAY,JOINT TENDERNESS AND SPASMS LEFT SIDE RIB TENDER; "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	lung nodule found on Chest CT on 2014; "There is NO evidence of a lung, mediastinal or chest mass 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	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.	2
General/Family Practice	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
General/Family Practice	Approval	71250 CT CHEST, THORAX	Lung nodule; 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	Mycobacterium aviumintracellulare complex; A Chest/Thorax 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	NA; "There is NO evidence of a lung, mediastinal or chest mass 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	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	none 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	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
General/Family Practice	Approval	71250 CT CHEST, THORAX	Pa and Lat chest xray indicated there was a mass seen. Mediastinal and hilar lymphadenopathy; 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	pain from upper chest wall on right , cannot feel mass , very painful in ribs had these effect for several days / don't see anything on chest xray, don't have shortness of breath until she has to take a deep breath , muscle relax didn't help; A Chest/Thorax 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	Pain 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.	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	PATIENT HAD A CT CORONARY CALCIUM SCORE ON 2/5/15 THAT SHOWED 5.5MM NODULE. RADIOLOGIST RECOMMENDED CHECKING CHEST CT FOR CHANGES.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	PATIENT HAD A CT LOW DOSE SCREENING ON 03/08/2016 THAT REVEALED 2 NODULES, POSSIBLE SOFT TISSUE MASS. REQUIRES RECHECK AT THIS TIME.; 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	patient had a CT on 08/08/2015 that showed a lung nodule that needed to be followed up on; "There is NO evidence of a lung, mediastinal or chest mass 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 abnormal finding on chest x-ray. Need CT to further evaluate.; A Chest/Thorax 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 chest pain xray revealed lung density. Patient is a heavy smoker. Concern 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	Approval	71250 CT CHEST, THORAX	Patient has COPD. She has been having episodes of coughing and SOB; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	patient has granulomas in her chest; 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 these recurring symptoms since 2015. Normal chest xray in November 2015. Patient also has a history of tobacco use.; "There is NO evidence of a lung, mediastinal or chest mass 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 history of thyroid cancer. Shortness of breath and new onset of hoarsness; "There is NO evidence of a lung, mediastinal or chest mass 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 is coughing up blood, chronic tobacco user; 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 needs CT scan to followup from findings from chest x-ray showing scarring, opacities and multiple nodules up to 6.7mm in size. Also has severe emphysema and is having shortness of breath upon exertion. Already using nighttime oxygen of 2L. Doctor ; 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	patient went to er for rib pain. had xray there showing 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

General/Family Practice	Approval	71250 CT CHEST, THORAX	patient with enlarged heart. Density also seen on chest xray preformed on 06/23/2016.; "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	Patients xray was abnormal. Had a widening of media steiem. Needs to check further.; A Chest/Thorax 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 CT in May 2016 was abnormal, minimal prominence of pancreatic duct and thickening of distal esophagus.; 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	PT CO R SIDE CHEST PAIN WITH HISTORY OF 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
General/Family Practice	Approval	71250 CT CHEST, THORAX	Pt had a AB/PELV CT and showed pulmonary nodules and showed multiple lung nodules and largest measured 6.2 cm in size. CT was recommended. Pt has h/x of right breast 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	Pt had a calcium score done in Dec and a 5mm nodule was found on his lung and recommended a 6 month 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	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 has a history of Breast Cancer and has had a bilateral mastectomy. She is still seeing an Oncologist and they recommended she have a CT Chest with contrast because she has a left axillary 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	Approval	71250 CT CHEST, THORAX	Pt has been having DOE and rt hilar mass vs. scar along with fatigue and claudication; "There is NO evidence of a lung, mediastinal or chest mass 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 symptoms of TB; "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 IS TENDER TO PALPATION AT THE LOWER RIBS B.TENDER WITH GUARDING ON THE RIB ITSELF.NO SIGNS OF TRAUMA.NO ERTHEMA OR EDEMA.PT HAS MILD TENDERNESS TO PALPATION OVER THE UPPER ABDOMEN.NO MASSES. PATIENT IS NOT OBESE.Musculoskeletal pain. Pt has failed or; A Chest/Thorax 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 shortness of breath and had an abnormal xray that showed a pleural fusion, lung founds diminish in the 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
General/Family Practice	Approval	71250 CT CHEST, THORAX	Pt is SOB , CXR, Stress test are negative. Still SOB.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	pt needs CT chest for cystic fibrosis and 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
General/Family Practice	Approval	71250 CT CHEST, THORAX	PT reporting DOE. PFT and chest xray were both abnormal but the xray shows areas of fluid in the lung fields, pleural thickening along left pleural chest wall, and cardiomegaly.; A Chest/Thorax 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 suffers with rt upper quadrant 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	Approval	71250 CT CHEST, THORAX	Pt went to urgent care in Bentonville and was dx'd with bronchitis and states a nodule was found in the lower left lobe of lung, Do not have access to results from Urgent Care, productive cough; congested, yellow-green, thick sputum; sore throat, cough, w; "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	pt. has been sick since vacation 6/25/2016 she has a cough for 3 weeks trouble laying on her side, shortness of breathe at rest and exertion, she is waiting a test for valley fever, and symptom has worsened, x ray show no rib fracture but a 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 none of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	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	R/O metastasis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/19/2016; There has been treatment or conservative therapy.; Pain in left shoulder; shoulder injection, physical therapy, and MRI.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	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
General/Family Practice	Approval	71250 CT CHEST, THORAX	Repeat ct scan of the chest 12 month recheck for 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	She had previous abnormal chest CT and we will recheck this as it has been 3 months.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	Shortness of breath noted. This has been noted for the past 7 to 9 months. Its course has been stable. Associated symptoms include wheezing. This tends to be worse lying flat and with exertion (even minimal). The shortness of breath is better sitting; A Chest/Thorax 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	shortness of breath, cough, patient is smoker;; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Smoker for years and having abnormal chest pain. Xray showed mild cardiomegaly but otherwise normal; 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	Solitary pulmonary nodule on lung 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
General/Family Practice	Approval	71250 CT CHEST, THORAX	Suspected mass; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	The last chest CT was performed within the last 6 months.; It is not known if there is radiologic evidence of non-resolving pneumonia.; Pt is being treated for Active TB at this time. Recommendations from Radilogist on the CT Chest from 5-27-16 was to repeat in 3 months.; 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 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
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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	The patient is a former smoker. She has a persistent abnormal chest x-ray with obliteration of the right heart border. This has been after her initial CT in April of this year; A Chest/Thorax 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	The Pt has coughing, congestion burning in chest. abnormal chest xray; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	The Pt has had shortness of breath x 3months. Pt had chest x-ray 09-07-2016 reflected left lower lung mass. Pt has history of hematoma in lung, 06/2016.; 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	the xray shown something; "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	there is 2 or more 6-7mm nodules at the left lung base; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	THERE IS A FAMILY HISTORY OF CANCER. THE PATIENT HAS DEVELOPED A SSEVERE COUGH IN WHICH THE LUNGS HAVE BECOME VERY SORE.; 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	There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; Ribs; has severe tenderness to left side of ribs back towards back with a STEP OFF sign present, can not take deep breath because pain so severe; Cards: RRR without MRG; pulm; short breathes but clear; 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 no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.	2

General/Family Practice	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; It is not known if there is radiologic evidence of asbestosis.; abnormal chest xray sob chronic cough; "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."; 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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; It is not known if there is radiologic evidence of asbestosis.; Patients xray is showing atelectasis/infiltrate. She is having chest pain with cough and fatigue. We would to further eval for any suspected infection or mass; "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.	1

General/Family Practice	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.	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.; < 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.	3

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.	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.; chest xray 8/16/16 done in office that is showing abnormal; "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.; completed; CHEST XRAY; L. sided calcified breast implant; posterior calcified granuloma mid-chest; increased perihilar haziness suggesting recent bronchitis.; will get ct to further evaluate granuloma; PERSISTENT COUGH NON-PRODUCTIVE.HAS HAD ABX AND INHA; "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	<p>There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Patient had CT Thoracic spine had incidental finding; Subcentimeter nodular foci in the left lung incidentally noted; there are groundglass infrahilar opacities seen bilaterally which may reflect pneumonitis. Dedicated CT of the chest is recommend; "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
General/Family Practice	Approval	71250 CT CHEST, THORAX	<p>There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; patient with continues pain in the sternal junction and clavicle with no relief. Patient has gotten worse; "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

General/Family Practice	Approval	71250 CT CHEST, THORAX	<p>There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Pt has an abcess in right axillary region that may require surgical intervention. need CT to determine depth of abcess as well as other tissue involved; "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
General/Family Practice	Approval	71250 CT CHEST, THORAX	<p>There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; She has persistent chest pain & SOB. I would like to do a chest CT to look for other underlying lung disease, such as sarcoidosis, bronchiectasis, pulmonary fibrosis, etc, which do not always show up on a plain film; "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

General/Family Practice	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Single pulmonary nodule; "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.; Worsening unresolved cough; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.	1

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.	28
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.	4
General/Family Practice	Approval	71250 CT CHEST, THORAX	This is a 6 month follow up for a right lower lobe 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 test is being order as a 1 yr follow up from CT done on 10/16/2015 dx Left 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	Unknown; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	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.	1
General/Family Practice	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
General/Family Practice	Approval	71250 CT CHEST, THORAX	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	widening; A Chest/Thorax 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	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST		1

General/Family Practice	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	abnormal ct scan; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1
General/Family Practice	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	ansyrum; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1
General/Family Practice	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	D-DIMER-ABNORMAL 0.58; 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/NONCON TRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	44

General/Family Practice	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.; SEVERAL YEARS; There has been treatment or conservative therapy.; PT CANT BREATHE; INHALERS, BREATHING TREATMENTS, RESPIRATORY THERAPY.	1
General/Family Practice	Approval	71550 MRI CHEST	Chest MRI is needed for brachial plexus injury. Tingling of the left arm and of the left hand. Left shoulder numbness. Unable to straighten the left wrist, midline upper back pain, lower back pain radiating to the right buttock, and acute. Strength 1/5 in; This study is being ordered for trauma or injury.; 09/09/2016; There has not been any treatment or conservative therapy.; Tingling of the left arm and of the left hand. Left shoulder numbness. Unable to straighten the left wrist, midline upper back pain, lower back pain radiating to the right buttock, and acute. Strength 1/5 in left wrist. Light touch sensation is diminished	1
General/Family Practice	Approval	71550 MRI CHEST	This study is being ordered for a work-up of a suspicious mass.; There is radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.	1
General/Family Practice	Approval	71550 MRI CHEST	This study is being ordered for vascular disease.; "The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is radiologic evidence of mediastinal widening.; This is a request for a chest MRI.	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		2

General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2013; There has been treatment or conservative therapy.; piercing throbbing pain, aggravated by movement, tingling in extremities, cramping, tenderness in spine, positive tinel on right and left of spine,; medication and physical therapy	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7-13-15; There has not been any treatment or conservative therapy.; PAIN, WEAKNESS, NUMBNESS	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	. He returns today and is getting progressively worse in terms of the cervical spine pain. He is also experiencing some weakness in his left upper extremity. He has had short-term relief from his cervical spine injections but no long-term relief. At this ; 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	; This study is being ordered for a neurological disorder.; Unkown; There has been treatment or conservative therapy.; low back pain with radiculopathy, headaches, meningioma on the frontal lobe.; Injections in low back and a neuro-stimulator in back.	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	; This study is being ordered for trauma or injury.; 08/17/2016; PATIENT WAS REAR ENDED WITH AIR BAGS DEPLOYED.; There has not been any treatment or conservative therapy.; BLURRY VISION, HEADACHE, PRESSURE IN HEAD AND SEVERE NECK PAIN. PATIENT CAN'T SEE OUT OF LEFT EYE.	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; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	abdominal pain, neck pain; This study is being ordered for trauma or injury.; 08/03/16; It is not known if there has been any treatment or conservative therapy.; patient was in a mva and has abdominal pain and neck pain	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	CAR ACCIDENT; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Enter answer here - or Type In Unknown Issociated symptoms include stiffness that is persistent, paravertebral muscle spasm, radicular left arm pain, numbness in the hands, weakness in the left upper arm, decreased hand grip at times, numbness/tingling; 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	Increased neck pain. History of neck fracture requiring rods and screws. Positive for visual changes and headaches.; 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.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis,  Bowel or bladder dysfunction, Evidence of new foot drop, etc...	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	MRI showed abnormalities, lesion at C6 4mm lesion, r/o bone island and metastasis; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	None; This study is being ordered for a neurological disorder.; Several yrs; There has been treatment or conservative therapy.; Chronic H/A blurred vision weakness vomiting; Cervical fusion pain management visits chiari malformation surgery	1

General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	PATIENT HAS A HX OF BREAST CANCER SHE IS HAVING RIGHT CLAVICLE PAIN, DR WANTS A CT OF THE RIGHT STERNO-CLAVICULAR JUNCTION; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	pts symptoms continue to worsen with no improvement from conservative treatment, pt has limited ROM to left upper extremity that interferes with pts daily life and ability to work, tenderness to left upper thoracic/paraspinal area; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; dizziness, memory loss, pain to back of head, neck and left shoulder that radiates down left arm,occasional flexion of left hand with lateral fingers hung in flexed position, pt had a dirt bike accident in 9/2004 with head injury which required surgery t; nerve conduction study performed results revealed positive left cervical radiculopathy, xrays of c-spine and t-spine normal, pt has completed physical therapy with no improvement of symptoms, anti-inflammatory medications and muscle relaxers along with otc	1

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

General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to follow-up surgery or fracture within the last 6 months.; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.;" There is a reason why the patient cannot have a Cervical Spine MRI.	3
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; The patient is experiencing or presenting symptoms of lower extremity motor weakness documented on physical exam.; There is a reason why the patient cannot have a Cervical Spine MRI.	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	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	unknown; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1

General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	worsening of symptoms since onset of injury - patient hit back of head on concrete floor; This study is being ordered for trauma or injury.; 9/5/16; There has not been any treatment or conservative therapy.; Patient c/o HA, N/V, blurred vision, and neck pain and soreness and tightness of left scapular area	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 something other than: known trauma or injury, metastatic disease, a neurological 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	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.; 08/25/2016; There has not been any treatment or conservative therapy.; weakness in legs and numbness in legs, back pain	1
General/Family Practice	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.	2
General/Family Practice	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	1

General/Family Practice	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	has lymphoma type mass on thorassic back; 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	Hematuria.; This study is being ordered for trauma or injury.; 06/23/2016; There has been treatment or conservative therapy.; Back pain and nausea.; Medication, chest x-ray, seen at ER.	1
General/Family Practice	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	PATIENT HAS A HX OF BREAST CANCER SHE IS HAVING RIGHT CLAVICLE PAIN, DR WANTS A CT OF THE RIGHT STERNO-CLAVICULAR JUNCTION; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	PT HAD X-RAY TODAY SHOWED FRACTURE AT THE T4 AND T5, T7; 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	Pt has a compression fracture of vertebrae.; 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	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

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.	1
General/Family Practice	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	This is a request for a thoracic spine CT.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; There is a reason why the patient cannot undergo a thoracic spine MRI.; There are no documented clinical findings of immune system suppression or AIDS.; The patient is not experiencing thoracic back pain associated with chest pain.	1
General/Family Practice	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	This is a request for a thoracic spine CT.; There is evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.; There is a reason why the patient cannot undergo a thoracic spine MRI.	1
General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK		5
General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2013; There has been treatment or conservative therapy.; piercing throbbing pain, aggravated by movement, tingling in extremities, cramping, tenderness in spine, positive tincl on right and left of spine,; medication and physical therapy	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 something other than: known trauma or injury, metastatic disease, a neurological 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	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.; 08/25/2016; There has not been any treatment or conservative therapy.; weakness in legs and numbness in legs, back pain	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7-13-15; There has not been any treatment or conservative therapy.; PAIN, WEAKNESS, NUMBNESS	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/1/16; There has been treatment or conservative therapy.; low back pain radiating numbness of the right side; over the counter medication	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; l spine 3/16 ab and pel unknown; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; l spine (steroids , muscle relaxers, pain meds insets) ad and pel (pain meds)	1
General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	1
General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK	; This study is being ordered for a neurological disorder.; Unkown; There has been treatment or conservative therapy.; low back pain with radiculopathy, headaches, meningioma on the frontal lobe.; Injections in low back and a neuro-stimulator in back.	1

General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK	; This study is being ordered for trauma or injury.; 06/14/2016; There has been treatment or conservative therapy.; severe low back pain which radiates into hip and groin area.; patient has had steroid injections without improvement as well as physical therapy without improvement.	1
General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK	Hematuria.; This study is being ordered for trauma or injury.; 06/23/2016; There has been treatment or conservative therapy.; Back pain and nausea.; Medication, chest x-ray, seen at ER.	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.	21
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.	1

General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.	1
General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is suspicion of lumbar spine neoplasm, tumor or metastasis.	1
General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.	2
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.	28
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		23

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient 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	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; RIGHT ARM, DECREASED STRENGTH, AND SENSATION AND WEAKNESS RIGHT UPPER JOINT; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 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	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; numbness, tingling and weakness. Leg swelling.	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.; 06/01/2016; There has been treatment or conservative therapy.; numbness/weakness in the left arm/radiculopathy; 6wks of physical therapy/tylenol	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.; 6/19/15; There has been treatment or conservative therapy.; back / naec /tail bone bone pain numbness and tingling; NSAIDS/ muscle relaxers / PT / injections	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.; 9/17/2016; There has been treatment or conservative therapy.; neurological disorders, loss of feelings,; physical therapy, prior ct's,	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 Congenital Anomaly.; 2001; There has been treatment or conservative therapy.; numbness;	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 Inflammatory/ Infectious Disease.; three months ago; There has been treatment or conservative therapy.; severe headache, sudden onset, pain at base of skull and neck, numbness, nausea, shocking sensation, osteomo right frontal, c3 disc bulge; Enbrel, pain medication, steroid	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 >;	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 study is being ordered 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.; right shoulder and arm pain numbness and tingling ///; having 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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/26/16; There has been treatment or conservative therapy.; Pt suffers with chronic back pain; and reported weakness.; medication and PT order	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.; 07/2016; There has been treatment or conservative therapy.; Chronic cervical, lumbar and shoulder pain. Tenderness on the neck. Difficulty looking up. Limited range of motion in shoulder.. Tenderness in lower back.; Completed and failed 12wk of PT. Anti-inflammatories.	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.; 5/2009; There has been treatment or conservative therapy.; numbness in the left and right arm, numbness in legs and back getting worse.; p/t and has been seeing chiropractor	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.; 7//2016; There has been treatment or conservative therapy.; Lower back pain, numbness , and tingling. Tingling and numbness in her arms as well.; PT and medications	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; mbr has numbness in arms and cramps in wrist neck stiffness,tenderness; mbr failed PT	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; tingling	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.; 05/2016; There has been treatment or conservative therapy.; short throbbing pain burning and tingling in 4th and 5th finger radiating from arm; Tylenol and alleve with little relief xray at ER	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.; 2008 & 2009 MVA; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; MEDICATIONS & 6 WEEKS OF PHYSICAL THERAPY	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.; 4/2016; There has been treatment or conservative therapy.; back and neck pain,; physical therapy, prednisone	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; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	2
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 09/2015; There has been treatment or conservative therapy.; Cervical and thoracic pain with radiculopathy, numbness, tingling, burning sensation in back arms and hands.; 6 weeks of physical therapy without relief.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 5/2016; There has been treatment or conservative therapy.; Neck pain/ burning radiating down into left shoulder and shoulder blade and spasms. tender to palpate and tender to light touch. Pain is increasingly worsening, difficult to work.; Chiropractic which made pain worse, and naproxen with no relief.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Numbness in bilateral lower extremities and feet, returning symptom since surgery was done. Constant neck pain.; Physical therapy, pain medication, muscle relaxer, NSAIDS	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.;	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.; 6/16/2016; There has been treatment or conservative therapy.; Back pain, MRI showed tethered cord, mass growing up her spine and wants to see how far it goes; Anti inflammatory, PT for over a month, treated for back pain since December	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.; 6/27/16; There has been treatment or conservative therapy.; Numbness, tingling in arm, pain in the left arm, tingling in the left leg; PT and medication	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.; Patient has had long standing spinal pain.; There has been treatment or conservative therapy.; Per patient chief complaint on 09/01/2016 pertaining to back... "Mid to upper back into neck pain, left arm numbness and tingling starting Tuesday after therapy; PT 7/27/16 - 9/1/16 From PT report... "After completing initial evaluation , patient received moist hot packs, IFC, and hivamat machine (treats pain and inflammation using electrical current and stimulating the lymphatic pathways) for pain control, tissu	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.; PT HAS HAD THIS CONDITION SINCE BEFORE SHE BECAME OUR PT IN 2011.; There has been treatment or conservative therapy.; NECK AND LOW BACK PAIN WITH NUMBNESS IN RIGHT ARM AND SCIATICA IN R LEG; PT HAS UNDERGONE PHYSICAL THERAPY AND ANTI-INFLAMMATORY THERAPY	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; 9-8-2016; There has been treatment or conservative therapy.;	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; Patient has had blunt force trauma to head and neck many years ago that resulted in facial fractures and significant whiplash. In addition, he had a diving accident that injured his neck and spine years ago as well.   He also has significant rotoscolio; There has been treatment or conservative therapy.; Radiculating pain, Pain in neck, Limited Range of Motion, Change in ambulatory gait; Patient has spent more than six weeks in Physical  Therapy and has used Chiropractic Therapy	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	abnormal x-ray, headaches, numbness in the arms, MD wants to r/o bulging disc or pinched nerve; This is a request for cervical 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 weakness in both arms; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Abnormal Xray:2 views of the cervical spine. There is 4 mm spondylolisthesis of C4 and C5 severe disc space narrowing anterior vertebral body endplates calcification osteophyte formations just anterior bulge. Degenerative disc spondylolisthesis and post; This study is being ordered for trauma or injury.; 7/24/16; There has been treatment or conservative therapy.; Neck pain with numbness and tingling in bilateral upper extremities. Limited range of motion in neck.; Low back pain with limited range of motion. Pain radiates down bilateral lower extremities with burning sensations in feet and tingling/numbness noted; Anti-inflammatory medications and physical therapy.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	acute worsening of lower extremity weakness and muscle spasticity in L leg; This study is being ordered for a neurological disorder.; approx 14 weeks ago- mid-June 2016; There has been treatment or conservative therapy.; LLE pain/weakness - acute worsening of lower extremity weakness and muscle spasticity in L leg; anti-inflammatory medication and joint injections	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Chronic neck, mid back, and low back pain. Pain radiating from cervical spine through both shoulders intermittently. Pain across thoracic spine radiates down through both buttocks and hips into lower extremities, right greater than left. Numbness and ting; This study is being ordered for a neurological disorder.; 07/2011; There has been treatment or conservative therapy.; Chronic neck, mid back, and low back pain. Pain radiating from cervical spine through both shoulders intermittently. Pain across thoracic spine radiates down through both buttocks and hips into lower extremities, right greater than left. Numbness and ting; Physical Therapy and home therapy exercises.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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 in extension., ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 2 views of the cervical spine. Moderate degenerative disease at multiple levels with bone stimulator Zatz the 56. The bilateral rod and screw fixation appears to be in good position no evidence of hardware migration or failure. There is soft tissue sha; The patient does 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	Degenerative Spondelosis; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness and tingling down the left arm; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	establish cause of neurological sx; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; head tremor; pain; numbness and tingling of upper extremities and h/a; PT; steroid treatment and pain meds	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Exam Findings Details Musculoskeletal Comments ROM of neck is mildly limited in all directions. R grip is ok but r arm flexion is markedly weaker than the left arm. DTR;s are ok of both arms bicep and tricep are 2+ bilat. REFERRAL TO NEUROSURGEON.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; WEAKNESS IN RIGHT ARM,WEAK GRASP,RIGHT UPPER ARM PAIN AND DECREASED ROM IN RIGHT SHOULDER,HX OF PRIOR ROTATOR CUFF REPAIR X 2,HX OF PARTIAL TEAR OF BICEP MUSCLE ON RIGHT SIDE.Exam Finding ROM of neck is mildly limited in all directions. R grip is ok bu; The patient does 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	has a lipoma that has been noted to be compressing spine in 2012, more and more numbness as well as pain, decreased strength in left side, Neck pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; has a lipoma that has been noted to be compressing spine in 2012, having more and more numbness as well as pain, decreased strength in left side, history of abnormal mri(unsure of date); It is not known if there has been any treatment or conservative therapy.; decreased strength in left side, Neck pain, numbness and pain due to this lipoma on back,	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	has been to PT, chiropractor, and still hurting; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in neck goes to right shoulder; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Injured sine several years ago, reinjured it and requesting MRI as x ray won't help; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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>	3
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.; Neck pain, wanted to try injections but pain management would not see her without a new MRI, tender in right posterior neck musculature	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.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; patient is still having neck pain after a car wreck in january	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Motor strength decreased. Headaches as well. MD wants to r/o ischemic/CAD. A lot of neurological symptoms going on.; This study is 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.; Pt experiencing lower extremity weakness, Weakness BILAT, nausea and numbness and tingling in neck. Unsteady gain, unable to ambulate. Difficulty putting her thoughts together. Having trouble lifting her legs and she faints. EKG show tachycardia; She has been to 3 different ER's Labs, fluids. Pain meds.	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	MRI of the c spine without contrast dated 07/12/2016 shows hyperintense signal within the cord at C3 and questionably at C4. Possibility of demyelinating process is raised.; This study is being ordered for a neurological disorder.; 6 months without relief from steroids, PT and anti-inflammatory meds; There has been treatment or conservative therapy.; weakness in upper extremities; NSAIDS	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	N/A; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/26/16; There has been treatment or conservative therapy.; tenderness and pain all the way to lumbar; HOME THERAPY AND MEDS	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	N/A; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/21/2016; There has been treatment or conservative therapy.; Acute onset of neck pain, numbness and tingling going down the right arm, weakness in right arm, unable to raise right shoulder above horizontal, and weak grip strength in right arm.; Inseeds, pain reliever, and attempted chiropractic care.	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	neck is stiff; BIL TRAP MS TENDERNESS  RESPIRATORY: normal breath sounds with no rales, rhonchi, wheezes or rubs;  CARDIOVASCULAR: normal rate and rhythm without murmurs;  MUSCULOSKELETAL: Crepitus, Tenderness, Effusion: tenderness noted in the left tr; This is a request for cervical spine MRI; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Neck pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/7/2016; There has been treatment or conservative therapy.; Low back pain; Medications	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	need test to refer to neurosurgery, tenderness along spine, gait antalgic; This study is being 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.; moderate to severe mid thoracic, lumbar and neck pain; numbness in extremities, problem is worsening, no radiation, aggravated by bending forward and daily activities.; PT, pain meds	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	no known injury. anti-inflammatories have not helped x 3 months.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient with significant pain in bilateral arms. decreased range of motion and diminished sensation.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	None; This study is being ordered for a neurological disorder.; 12/2/2015; There has been treatment or conservative therapy.; Pt has occasional loss of vision., painful and swollen joints, difficulty swallowing. Pt has numbness in hands and feet, nausea, shortness of breath.; Pt tried PT. medication therapy	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	None; This study is being ordered for a neurological disorder.; Several yrs; There has been treatment or conservative therapy.; Chronic H/A blurred vision weakness vomiting; Cervical fusion pain management visits chiari malformation surgery	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	none; This study is being ordered for a neurological disorder.; x 7 years; There has been treatment or conservative therapy.; Headaches which are severe, Stiffness in base of neck, weakness and tingling in arms, Syncope.; MEDS!!	1

General/Family Practice	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 yrs; There has been treatment or conservative therapy.; Numbness in lower legs back pain radiating to neck numbness in hands H/A; S/P surgery injections rx medication	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	None; This study is being ordered for trauma or injury.; August 2015; There has been treatment or conservative therapy.; neck and back pain with radiculopathy in legs; NSAID's, heat and ice	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Pain in her shoulder, starts in the neck down to her fingertips, numbness in shoulder, feels like burning pain, worse when she shrugs and certain positions; This is a request for 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 in neck and back/numbness and tingling in legs no improvement after naproxen and tramadol since 3/28/2016; This study is being ordered for a neurological disorder.; 09/04/2015, 3/28/16, 3/31/16 and 9/15/16; There has been treatment or conservative therapy.; neck and back hurting with radiating symptoms into arms and down into legs; medication started 3/28/16 tramadol and naproxen	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	PAIN RADIATES FROM NECK TO LOWER BACK FOR A YEAR, HAS NOT GOTTEN ANY BETTER WITH TREATMENT. PT DOES PHYSICAL LABOR.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/26//2016; There has been treatment or conservative therapy.; PAIN AND TENDERNESS RADIATES FROM NECK TO BACK; STERIOD INJECTION AND PACK, NAPROXEN, FLEXIRIL, PAIN MEDS, NSAIDS	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; 06/2016; There has been treatment or conservative therapy.; weakness , pain , tingling numbness radiating; Pt , medication	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient has had physical therapy without relief. Symptoms are worse with physical therapy.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Decreased grip strength bilateral upper extremities.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient is a candidate for epidural steroid injections.; This study is being ordered for a neurological disorder.; 12/2015; There has been treatment or conservative therapy.; Burning sensation in the right arm and hand. Numbness of the right side of the chin and of the right arm. Neck pain on the right and radiatind down the right arm. Lower back pain radiating to the right buttock, to the legs worse on the right, and chronic ; Physical Therapy-which isn't helping. Chiropractic Therapy-which didn't help.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	PATIENT WAS DIAGNOSED WITH DDD IN 2010. SHE RECENTLY FELL WORSENING 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.; 11-2010; There has been treatment or conservative therapy.; NECK PAIN WITH RADICULOPATHY AND LUMBAR PAIN WITH SCIATICA; TRAMADOL, FLEXERIL, VOLTAREN	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient with continued neck pain. Has tried IBU and Tylenol without relief. Patient has also tried Physical Therapy, Flexeril, and Naproxen without relief. C-Spine X-ray shows degenerative changes. Need further evaluation of neck pain with MRI.; 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	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Pt has a h/x of 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
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	pt has been complaining of neck pain since 4/16. symptoms have continued to increase. PT was little 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 weakness.; decreased mobility, joint instability, muscle weakness, extremity weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Pt is in pain and she has already had a ct and now they are requesting an mri and she had an x-ray and they could not see anything; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Pt is loosing strength in her arm; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt has numbness and weakness in left arm to the point she cant even lift it sometimes. Pt has had surgery in the past on lumbar region; 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	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	PT made neck worse. Weak grip in both hands; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; Chronic neck and back pain, numbness and tingling; PT	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Ruling out foraminal and central stenosis; This study is being ordered for a neurological disorder.; 8/17/2016; There has not been any treatment or conservative therapy.; Severe headaches, right side neck pain, dizziness and nausea	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; May 2016; There has not been any treatment or conservative therapy.; Headaches. Paresthesias BUE & BLE	1

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

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	47
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
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.	16

General/Family Practice	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; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.</p>	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>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.; &lt;Enter Additional Clinical Information&gt;</p>	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.; Patient is status post breast cancer. Has been having neck and shoulder pain	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; Steroids,	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; Yes, the patient had six weeks of Chiropractic care related to this episode.	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.;	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient is not presenting new symptoms.; This study is being ordered for follow-up.; This is a request for cervical spine MRI; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; It is not known when the last cervical spine MRI was performed.; Known Tumor with or without metastasis; <Enter Additional Clinical Information>	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient is not presenting new symptoms.; This study is being ordered for follow-up.; This is a request for cervical spine MRI; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The last cervical spine MRI was performed within the last 6 months.; Known Tumor with or without metastasis; Patient had MRI Cervical spine without contrast and there were abnormal findings needing further evaluation with contrast. Impression: Extramedullary intradural mass is noted at the level of C1 just right of the cervical  cord and produces mass effect	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; Follow-up to Surgery or Fracture within the last 6 months	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	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.	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	10
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.	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; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	246
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; It is not known if the patient demonstrate neurological deficits.; 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 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
General/Family Practice	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
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; concerned that how the patient has been sleeping has disturbed at the C2 level. The numbness is a parenthesis resulting from this. Left side of scalp has remained numb for over a week. Pain and discomfort on her scalp with no evidence of blisters or anyth; 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; HAS RADIATING PAIN TO HIS 3RD AND 4TH DIGIT AND LOSS OF LIGHT TOUCH IN THIS AREA, NUMBNESS, TINGLING, MUSCULOSKELETAL TENDERNESS. NERVE CONDUCTION STUDY-NORMAL BILATERAL NCV/EMG OF BOTH ARMS; RECOMMENDED C SPINE MRI TO R/O CERVICAL RADICULOPATHY; 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
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 have new signs or symptoms of bladder or bowel dysfunction.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	64

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

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>This is a request for cervical spine MRI; None of the above;</p> <p>2. Mild inferior descent of the cerebellar tonsils (5 mm) below the foramen magnum; this is consistent with a very mild Chiari I malformation. MRI of the cervical spine is recommended to exclude a cervical spinal cord syrinx, which can be seen in associat; 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
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;</p> <p>No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; Yes, the patient is experiencing or presenting x-ray evidence of a recent fracture.</p>	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; severe headache; 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; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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	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.	4
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.	4
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; 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; 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.	44
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.	11
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.;	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; <Enter Additional Clinical Information>	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; abnormal x-ray, showed narrowing, increased density in facet joints, neck pain radiates to shoulder and neck,	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.; increased neck and back 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.; Joint pain, multiple sites with swelling in neck and left arm. Will get mri for radicular sx's, no improvement with flexeril and tramadol. Continue nsaid's.	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 also having some pain in middle of right buttock radiating into right hip. Worse when sitting	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 prior neck surgery and has grinding when turning her neck.	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.; Rx medication	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.; X-ray of the c-spine shows significant disc space narrowing between c-5 and c-6.	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.; <Enter Additional Clinical Information>	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; <Enter Additional Clinical Information>; 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; Car accident October-November 2015  Has been having neck pain since the accident; 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; Patient had mva on 07/22/2016 not getting better.; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; Yes, the patient is experiencing or presenting x-ray evidence of a recent fracture.	1
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.	18
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is secondary insurance. His primary insurance has approved this study.; This is a request for cervical 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 with chronic neck pain, worsening after gym injury 3 months ago. Has radiculopathy going into left shoulder. He has tried medications and physical therapy and has failed them. Need CT of cervical spine to further evaluate.; The patient does 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 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
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	to evaluate 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.; Conservative measures, including PT have failed. Replace Ibuprofen with Tylenol OTC numbness tingling and weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	To evaluate the neuropathy and weakness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/14/2016; There has been treatment or conservative therapy.; Pt c/o cervical pain, weakness and numbness in L arm and hands. Chronic back pain, R Leg weakness and numbness with R foot drop.; 6 x weeks of PT and RX	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	to r/o chiari malformation; This study is being ordered for a neurological disorder.; 8/3/2016; There has been treatment or conservative therapy.; nausea vomiting dizziness blurred vision weakness bilateral arm parathesia Chronic pain; Ibuprofen naproxen flexeril bupapa	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Traumatic head injury less than 3 months ago, sequela Cervical spine pain Post-traumatic headache, not intractable, unspecified chronicity pattern Subjective visual disturbance Acute midline low back pain without sciatica Thoracic spine 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.; Traumatic head injury less than 3 months ago, sequela Cervical spine pain Post-traumatic headache, not intractable, unspecified chronicity pattern Subjective visual disturbance Acute midline low back pain without sciatica Thoracic spine pain; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Unknown; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in 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
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; 03/14/2016; There has been treatment or conservative therapy.; neck, back, and left shoulder pain; PT, medications	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unsteady gait d/t right lower extremity weakness.; This study is being ordered for trauma or injury.; initially 2012  worsen since 7/4/2016; There has been treatment or conservative therapy.; weakness of right lower and upper extremity with C-spine and L-spine pain.; Physical Therapy  Gabapentin  anti-inflammatory  muscle relaxant	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		5
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."	2
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.";	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."; Mid upper back pain that radiates up neck x 1 year, PT states has had a previous MRI 2 years ago that showed a cyst on vertebra. PT states numbness and tingling to 4th and 5th finger of right hand.	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."; radicular left leg pain and weakness of the upper leg. She notes some pain relief with rest and NSAIDs. Medical history is significant for 8/2016 MRI lumbar: minimal bulging disc at L4-5.	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.; 6/19/15; There has been treatment or conservative therapy.; back / naec /tail bone bone pain numbness and tingling; NSAIDS/ muscle relaxers / PT / injections	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.; 9/17/2016; There has been treatment or conservative therapy.; neurological disorders, loss of feelings,; physical therapy, prior ct's,	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.; 9/2015; There has been treatment or conservative therapy.; low back pain numbness in hand and pain is becoming worse; physical therapy and medication	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.; several years worsening symptoms; There has been treatment or conservative therapy.; worsening neck and back pain, patient described the pain as unbearable. patient is also experiencing tingling in hands; xray , medications	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 Inflammatory/ Infectious Disease.; 05/26/2016; There has been treatment or conservative therapy.; Patient is experiencing severe lower back and thoracic pain, grinding pain. Onset over last several weeks and has got progressively worse.; Patient has had medication and injections, x-rays, at home exercises with no relief. Ice/heat alternation. Prescribed medication (allopurinol). No heavy lifting. Steroid injections.	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	3
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; back pain,; home exercise	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.; ; There has been treatment or conservative therapy.; right shoulder and arm pain numbness and tingling ///; having pain management	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.; 01/26/16; There has been treatment or conservative therapy.; Pt suffers with chronic back pain; and reported weakness.; medication and PT order	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.; 5/2016; It is not known if there has been any treatment or conservative therapy.; Chronic back pain	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//2016; There has been treatment or conservative therapy.; Lower back pain, numbness , and tingling. Tingling and numbness in her arms as well.; PT and medications	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.; 7/19/2016; There has been treatment or conservative therapy.; THORACIC AND LUMBAR BACK PAIN, WORSENS WITH MOVEMENT. DIFFICULTY WALKING DUE TO PAIN; X-RAYS, PHYSICAL THERAPY WITH NO RELIEF, FLEXIRIL AND TYLENOL	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.; 8/3/2016; There has been treatment or conservative therapy.; pain between shoulder blades with cough, leg numbness, back pain, mild loss of disc space height at l3 & l4 & l5; Tylenol, flexeril, and other medication	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.; Lumbar:11/26/2014 Thoracic 08/14/2016; There has been treatment or conservative therapy.; Pt suffers with chronic lumbar and thoracic back pain.; Medication OTC	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; PT; Medication therapy and rest; Apply hot and cold	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 09/2015; There has been treatment or conservative therapy.; Cervical and thoracic pain with radiculopathy, numbness, tingling, burning sensation in back arms and hands.; 6 weeks of physical therapy without relief.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 5/2016; There has been treatment or conservative therapy.; Neck pain/ burning radiating down into left shoulder and shoulder blade and spasms. tender to palpate and tender to light touch. Pain is increasingly worsening, difficult to work.; Chiropractic which made pain worse, and naproxen with no relief.	1
General/Family Practice	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

General/Family Practice	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.; 07/26/2016; There has been treatment or conservative therapy.; back pain, l lower leg numbness, pain in L arm.; Physical therapy	1
General/Family Practice	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.; 6/16/2016; There has been treatment or conservative therapy.; Back pain, MRI showed tethered cord, mass growing up her spine and wants to see how far it goes; Anti inflammatory, PT for over a month, treated for back pain since December	1
General/Family Practice	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.; Patient has had long standing spinal pain.; There has been treatment or conservative therapy.; Per patient chief complaint on 09/01/2016 pertaining to back... "Mid to upper back into neck pain, left arm numbness and tingling starting Tuesday after therapy; PT 7/27/16 - 9/1/16 From PT report... "After completing initial evaluation , patient received moist hot packs, IFC, and hivamat machine (treats pain and inflammation using electrical current and stimulating the lymphatic pathways) for pain control, tissu	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Chronic neck, mid back, and low back pain. Pain radiating from cervical spine through both shoulders intermittently. Pain across thoracic spine radiates down through both buttocks and hips into lower extremities, right greater than left. Numbness and ting; This study is being ordered for a neurological disorder.; 07/2011; There has been treatment or conservative therapy.; Chronic neck, mid back, and low back pain. Pain radiating from cervical spine through both shoulders intermittently. Pain across thoracic spine radiates down through both buttocks and hips into lower extremities, right greater than left. Numbness and ting; Physical Therapy and home therapy exercises.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	has a lipoma that has been noted to be compressing spine in 2012, more and more numbness as well as pain,decreased strength in left side, Neck pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; has a lipoma that has been noted to be compressing spine in 2012, having more and more numbness as well as pain, decreased strength in left side, history of abnormal mri(unsure of date); It is not known if there has been any treatment or conservative therapy.; decreased strength in left side, Neck pain, numbness and pain due to this lipoma on back,	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	<p>increasing pain and muscle spasm, back for 6 months, numbness is getting worse. Had tried physical therapy and chiropractor and NSAIDS but it's not helping. Symptoms are 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.; 6 months ago; There has been treatment or conservative therapy.; back pain and numbness and muscle spasms; increasing pain and muscle spasm , back , 6 months numbness is getting worse had tried physical therapy & chiropractor , not responding tried NSAIDS ,more than 6 months , not responding symptoms are getting much worse , now suspected herniated disc affect</p>	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	<p>It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.</p>	2

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."; Pain in thoracic spine, weakness and back pain, tenderness of the scapula,pain present w/ external rotaion and flexion on the shoulder	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	NA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 weeks ago; There has been treatment or conservative therapy.; Weakness and heaviness in arms and legs and pain with tenderness and numbness in upper and lower extremities; Pt is a physical therapist and has been on exercise therapy program for months for this problem	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Neck pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/7/2016; There has been treatment or conservative therapy.; Low back pain; Medications	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	need test to refer to neurosurgery, tenderness along spine, gait antalgic; This study is being 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.; moderate to severe mid thoracic, lumbar and neck pain; numbness in extremities, problem is worsening, no radiation, aggravated by bending forward and daily activities.; PT, pain meds	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	None; This study is being ordered for trauma or injury.; August 2015; There has been treatment or conservative therapy.; neck and back pain with radiculopathy in legs; NSAID's, heat and ice	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Numbness Tingling; This study is being ordered for a neurological disorder.; June 14, 2016; There has been treatment or conservative therapy.; T-Spine: Tenderness Pain with motion L Spine: Tenderness Decreased range Moderate pain; Medication	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	pain scale is 9/10. Pt had xray of T Spine that showed no bone destruction, mild multi level degenerative change. considered mri or bone scan for further evaul. no xray of L 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.; about 4 weeks ago; There has not been any treatment or conservative therapy.; Pt has back pain started about 4 weeks ago on the left side and radiating down legs, pain into ribs. h/x of colon cancer stage 3 and MDO is wanting to make sure it did not go elsewhere.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Pain to left mid to lumbar area. History of colon cancer. R/O METS. 8wks conservative care with no relief.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Patient expresses concern that medicines do not work sufficiently and would like to evaluate additional options. States "I have 3 kids and am the bread winner in the house. I have to work". Patient is a candidate for epidural steroid injections.; This study is being ordered for a neurological disorder.; 05/2014; There has been treatment or conservative therapy.; Episodes of tightness and intermittent shooting pains throughout the upper and lower back. Upper back pain radiating to the scapula that worsens with bending and lifting. Mid-back and lower back pain chronic duration. Muscle spasms.; 7 weeks of Physical Therapy- with no lasting benefit.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	patient is in constant pain; This study is being ordered for trauma or injury.; 06/28/2016; There has not been any treatment or conservative therapy.; kyphosis, compression mid t spine, and L2-4 chip fx ant	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	patient is unable to bend at the waist and it is interfering with work and sleep due to pain.; This study is being ordered for trauma or injury.; 4/27/2016; There has been treatment or conservative therapy.; mid and lower back pain with sciatica, positive leg raise test.; steroid injections, steroid dose packs, Nsaids	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	pt has been failing in PT and is having numbness, weakness and tingling down the rt arm. some numbness and tingling in bil legs; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness and numbness and tingling down rt arm; The 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	see scanned OVs; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/13/2012; There has been treatment or conservative therapy.; Chronic back pain; Spine MD, Narcotic and Anti-inflammatory PO medications, Therapy @ home, Steroid Injections	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Severe pain and numbness in lower back and thoracic area.; This study is being ordered for a neurological disorder.; 07/08/2016; There has not been any treatment or conservative therapy.; Medication therapy dose pack	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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.; May 2016; There has not been any treatment or conservative therapy.; Headaches. Paresthesias BUE & BLE	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known how many follow-up thoracic spine MRIs the patient has had.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; Patient had an MRI of the T-Spine in 1987 in Fort Smith with ruptured disc at L4-L5 without surgery.; 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	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; <Enter Additional Clinical Information>; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Abnormal MRI of the Lumbar Spine shows Disc desiccation at T11-12 as well as annular tear of T12. Palpation of thoracic facet joints at T4-5, T5-6, and T6-7 levels reproduced back pain. Midline palpation and percussion of mid thoracic spine reproduced; mi; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; None; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; patient with chronic back pain,x-ray shows degerative disk disease. patient attempted physical therapy. did not help with the pain; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	10

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 asymmetric reflexes.	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 radiculopathy documented on EMG or nerve conduction study.	3
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of recent fracture on previous imaging studies.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; ; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; unknown; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.; The patient is experiencing or presenting symptoms of 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.; 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.	7
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.; Pt has compression fracture seen on X-ray at T-12.	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.; Upper back pain worried for compression fx   limited active ROM with extension, flexion, left lateral bending, right lateral bending, left rotation, and right rotation;  Positive for back pain (acute; low).	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.	25
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.; There is a known condition of neurological deficits.; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; 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.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1

General/Family Practice	Approval	72146 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?	4
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of 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 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.	4
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.; abnormal c-spine mri. Possible mass at T2 involving nerve root	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.; four months ago; There has been treatment or conservative therapy.; pain, radiculopathy in left thigh,; pt	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	xrays of lumbar did not reveal the cause of pain, pain has continued and has worsened,pt now experiencing radiation of pain down legs b/l; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; mid to low back pain that radiates down thighs b/l, lumbar tenderness with some limitation of AROM due to pain, xrays performed in march of 2016 within normal limits; pain medications and anti-inflammatories	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		46
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; left leg tingleness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; NUMB TINGLING AND SHOOTING PAIN DOWN BOTH LEGS WITH LEFT LEG 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	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness limited range of motion on left leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness to L side- Can not lift left- ABN gait; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
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 not seen the doctor more then once for these symptoms.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed 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.	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	4
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.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	2
General/Family Practice	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	16

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; numbness, tingling and weakness. Leg swelling.	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.; 6/24/2016; There has not been any treatment or conservative therapy.; fatigue, numbness, back pain,	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.; 9/2015; There has been treatment or conservative therapy.; low back pain numbness in hand and pain is becoming worse; physical therapy 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.; Unknown; There has been treatment or conservative therapy.; neck mass and back pain; PT 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 Inflammatory/ Infectious Disease.; 05/26/2016; There has been treatment or conservative therapy.; Patient is experiencing severe lower back and thoracic pain, grinding pain. Onset over last several weeks and has got progressively worse.; Patient has had medication and injections, x-rays, at home exercises with no relief. Ice/heat alternation. Prescribed medication (allopurinol). No heavy lifting. Steroid injections.	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 >;	4
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 >; There has been treatment or conservative therapy.; back pain,; 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.; 01/26/16; There has been treatment or conservative therapy.; Pt suffers with chronic back pain; and reported weakness.; medication and PT order	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.; 04/2014; There has been treatment or conservative therapy.; lumbar spine pain, numbness and weakness, tenderness to hip and low back; physical therapy	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.; 08/1996; There has been treatment or conservative therapy.; headache, lumbar back pain, radiculopathy pain down the legs, visual disturbance; physical therapy	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//2016; There has been treatment or conservative therapy.; Lower back pain, numbness , and tingling. Tingling and numbness in her arms as well.; 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.; 7/19/2016; There has been treatment or conservative therapy.; THORACIC AND LUMBAR BACK PAIN, WORSENS WITH MOVEMENT. DIFFICULTY WALKING DUE TO PAIN; X-RAYS, PHYSICAL THERAPY WITH NO RELIEF, FLEXIRIL AND TYLENOL	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.; 8/3/2016; There has been treatment or conservative therapy.; pain between shoulder blades with cough, leg numbness, back pain, mild loss of disc space height at l3 & l4 & l5; Tylenol, flexeril, and other 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.; Lumbar:11/26/2014 Thoracic 08/14/2016; There has been treatment or conservative therapy.; Pt suffers with chronic lumbar and thoracic back pain.; Medication OTC	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.; over a year; It 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.; unknown; There has been treatment or conservative therapy.; mbr has numbness in arms and cramps in wrist neck stiffness,tenderness; mbr failed 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 trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; PT; Medication therapy and rest; Apply hot and cold	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.; 2008 & 2009 MVA; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; MEDICATIONS & 6 WEEKS OF PHYSICAL THERAPY	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.; 4/2016; There has been treatment or conservative therapy.; back and neck pain,; physical therapy, prednisone	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.; 6/06/2016; There has been treatment or conservative therapy.; decreased Range of motion, popping during moving, foot can not do heal to toe, muscle weakness, numbness.; steroids, medications, 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 trauma or injury.; 8/12/16; There has been treatment or conservative therapy.; Extreme pain, with pain going down to the left leg.; Medications, x-rays, and Two ER 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.; There is 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 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.; Associated symptoms include radicular left leg pain and numbness in the left buttock, left thigh, left lower leg, and left foot.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	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 pain that radiates to extremities. OTC medicine has not helped. Has gotten worse over last several months.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; decreased ROM in the back; pain with ROM of the back; pain with ROM of right hip;; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	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.; limited range of motion due to pain and muscle spasms of the lower lumbar spine, there is moderate tenderness over the SI joints bilaterally, there are no focal point tender areas. BILATERAL MUSCLE SPASMS and knots of the paraspinous musculature with mode; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; peripheral neuropathy in both feet swelling of legs and feet pain down 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	; The study requested 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 noted. The discomfort is most prominent in the lower, right lumbar spine. This radiates to the right anterior thigh. He characterizes it as intermittent, moderate in intensity, and sharp. This is a chronic, but intermittent problem with an ac; The patient does not have new signs or symptoms of bladder 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.; Weakness on dorsiflexion of right foot; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	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.; It is not known if the patient has had back pain for over 4 weeks.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did not include exercise, prescription medication and follow-up office visits.; Hydrcodone	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder 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.; The patient has acute or chronic back pain.; The patient has none of the above	10
General/Family Practice	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
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.; ;	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.; 07/26/2016; There has been treatment or conservative therapy.; back pain, l lower leg numbness, pain in L arm.; Physical therapy	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.; 6/27/16; There has been treatment or conservative therapy.; Numbness, tingling in arm, pain in the left arm, tingling in the left leg; PT and medication	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.; PT HAS HAD THIS CONDITION SINCE BEFORE SHE BECAME OUR PT IN 2011.; There has been treatment or conservative therapy.; NECK AND LOW BACK PAIN WITH NUMBNESS IN RIGHT ARM AND SCIATICA IN R LEG; PT HAS UNDERGONE PHYSICAL THERAPY AND ANTI-INFLAMMATORY THERAPY	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.;	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; Patient has had blunt force trauma to head and neck many years ago that resulted in facial fractures and significant whiplash. In addition, he had a diving accident that injured his neck and spine years ago as well.   He also has significant rotoscolio; There has been treatment or conservative therapy.; Radiculating pain, Pain in neck, Limited Range of Motion, Change in ambulatory gait; Patient has spent more than six weeks in Physical  Therapy and has used Chiropractic Therapy	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	2 views of the lumbosacral spine. Moderates multilevel degenerative disc disease with mild facet hypertrophy at multiple levels. 3 mm spondylolisthesis at L5-S1 with S1 osteophyte producing radiographically neural foraminal compromise. No evidence of f; The study requested 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: BILATERAL MUSCLE SPASMS and knots of the paraspinous musculature with moderate tenderness, limited range of motion due to pain and muscle spasms of the lower lumbar spine, there is moderate tenderness over the SI joints bilaterally, there are no foc; The patient does not have new signs or symptoms of bladder 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	34 yr old female that was in MVA, CT done; 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	abdominal pain low back pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < 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	Abnormal ct scan; has a disc protrusion on the rt at L4/5; has a schmorls node @L5; 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	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Abnormal gait; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt has tingling. 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	Abnormal Xray:2 views of the cervical spine. There is 4 mm spondylolisthesis of C4 and C5 severe disc space narrowing anterior vertebral body endplates calcification osteophyte formations just anterior bulge. Degenerative disc spondylolisthesis and post; This study is being ordered for trauma or injury.; 7/24/16; There has been treatment or conservative therapy.; Neck pain with numbness and tingling in bilateral upper extremities. Limited range of motion in neck.; Low back pain with limited range of motion. Pain radiates down bilateral lower extremities with burning sensations in feet and tingling/numbness noted; Anti-inflammatory medications and physical therapy.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Associated symptoms include radicular bilateral leg pain and weakness of the left lower leg. patient states that she has had numerous falls in the last few months.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Associated symptoms include radicular bilateral leg pain and weakness of the left lower leg. Patient has had numerous falls 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	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Back pain, positive straight leg raise on right, little progress with PT, active painful range of motion, tearing 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	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	Chiropractic care; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Straight leg raise positive	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Chronic back pain, pain radiating to back of left leg(s), worsening (some days but it is constant pain); interference with sleep; interference with work, movement/positioning; bending over; twisting; standing; activity; riding in a car, previous medicatio; 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	CHRONIC LOW BACK PAIN WITH SCIATICA AND PARASTHESIA; 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
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Chronic low back pain. Has tried physical therapy and taking medications and reduced to light activity with no change.; The study requested 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	Chronic neck, mid back, and low back pain. Pain radiating from cervical spine through both shoulders intermittently. Pain across thoracic spine radiates down through both buttocks and hips into lower extremities, right greater than left. Numbness and ting; This study is being ordered for a neurological disorder.; 07/2011; There has been treatment or conservative therapy.; Chronic neck, mid back, and low back pain. Pain radiating from cervical spine through both shoulders intermittently. Pain across thoracic spine radiates down through both buttocks and hips into lower extremities, right greater than left. Numbness and ting; Physical Therapy and home therapy exercises.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	continues to experience pain on movement, unable to sit long; 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	degenerative disc disease on mri in the past in lumbar spine with radicular pain and numbness going down the left 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.; HAS BEEN HAVING SEVERE BACK PAIN FIR THE PAST 5 YRS, HAS BEEN TREATED AT THIS FACILITY SINCE 8/2015; SOLITARY NODULE RIGHT LUNG ON CT 8/2015; There has been treatment or conservative therapy.; NO LUNG SYMPTOMS; increasing pain in his back going down the left leg. goes into the back of the thigh and into the calf. numbness, tingling, and weakness (left leg). EXAM: Musculoskeletal: Motor Strength and Tone: normal. Joints, Bones, and Muscles; PT HAS BEEN SEEING PAIN MGMT, TAKEN PAIN MEDICATION, NO BOWEL OR BLADDER PROBLEMS	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	DTR's equal LE bilaterally, hyperesthesia left lateral lower leg, negative straight leg raise bilaterally and motor 5/5 LE bilaterally.; 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	Enter answer here - or Type In Unknown If No Info Given; MRI L Spine W/O Contrast 72148.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Failed outpatient PT and nsaid; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Numbness and tingling in both legs with right leg swelling.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	going on for 3 weeks. regular therapies have been done as well as x-ray. lumbar sacral 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	Had MRI was abnormal. Need recent MRI in order to see Neuro surgeon; 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	has had previous back surgery in 2014, has done 3-4 weeks of PT but therapist discontinued PT due to increasing pain and popping in back, she does have radiculopathy(tingling, numbness down 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 than once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	history of L5 fracture. numbness in his right leg. had to go to ER. tried physical therapy, but had to quit because way too 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	hx of DDD, acute on chronic LBP with persistent LLE radiculopathy with LLE extremity weakness and abnormal reflexes despite 4 months of chiropractic therapy after a fall from height while skating; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; There is weakness.; hx of DDD, acute on chronic LBP with persistent LLE radiculopathy with LLE extremity weakness and abnormal reflexes despite 4 months of chiropractic therapy after a fall from height while skating; The patient does not have new signs or symptoms of bladder 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	increasing pain and muscle spasm, back for 6 months, numbness is getting worse. Had tried physical therapy and chiropractor and NSAIDS but it's not helping. Symptoms are 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.; 6 months ago; There has been treatment or conservative therapy.; back pain and numbness and muscle spasms; increasing pain and muscle spasm , back , 6 months numbness is getting worse had tried physical therapy & chiropractor , not responding tried NSAIDS ,more than 6 months , not responding symptoms are getting much worse , now suspected herniated disc affect	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	LBP from MVA; 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	limited ROM (lumbar spine) and tenderness (lumbar spine and paraspinal muscles).; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; limited ROM (lumbar spine) and tenderness (lumbar spine and paraspinal muscles).; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	low back for over a year , physical therapy, taking medication , pain scale 10 out of 10 ,; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Low back pain , radiating for 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
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Low back pain, radiating to the buttocks and legs.  Failed conservative therapy. Worsening symptoms  Numbness and tingling; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder 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, worsening, had for a few months, worse at night, weaskness; The study requested 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	Lumbar disc disease with radiculopathy, Worse, Has been doing PT for several weeks and NSAIDS without improvement. Will get MRI of L-spine to further evaluate. Further diagnostic evaluations ordered today include(s) MRI LUMBAR SPI; The study 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	lumbar pain and radiculopathy since having epidural with last child; paresthesia in lower legs that worsens with prolonged sitting ; decreased rom in back ; hypoesthesia in bilat S1 S2 distribution;otc icy hot and back brace not helping pain; LOW BACK exa; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once 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.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	lumbar radiculopathy; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	MD wants to r/o bulging 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	medical history of spinal stenosis; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	morbidity obese; will send PT eval; 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	MRI requested due to chronic back pain and abnormal CT scan findings; 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	MRI showing leg symptoms and left carpal tunnel.; 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	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.; 5/26/16; There has been treatment or conservative therapy.; tenderness and pain all the way to lumbar; HOME THERAPY AND MEDS	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	NA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 weeks ago; There has been treatment or conservative therapy.; Weakness and heaviness in arms and legs and pain with tenderness and numbness in upper and lower extremities; Pt is a physical therapist and has been on exercise therapy program for months for this problem	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	need test to refer to neurosurgery, tenderness along spine, gait antalgic; This study is being 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.; moderate to severe mid thoracic, lumbar and neck pain; numbness in extremities, problem is worsening, no radiation, aggravated by bending forward and daily activities.; PT, pain meds	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	None.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in LE-bilateral.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
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	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.; Faxing clinicals.; It is not known if there has been any treatment or conservative therapy.; Not avail.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	None; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 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.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	None; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness of the left leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	none; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
General/Family Practice	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
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	None; This study is being ordered for a neurological disorder.; 12/2/2015; There has been treatment or conservative therapy.; Pt has occasional loss of vision., painful and swollen joints, difficulty swallowing. Pt has numbness in hands and feet, nausea, shortness of breath.; Pt tried PT. medication therapy	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Several yrs; There has been treatment or conservative therapy.; Numbness in lower legs back pain radiating to neck numbness in hands H/A; S/P surgery injections rx medication	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	numbness  Onset was 2 months ago. Location of numbness is bilateral foot. The problem occurs constantly. Associated symptoms include paresthesia and tingling. Pertinent negatives include ataxia, dizziness, falling, headache, motor weakness and visual; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Numbness and tingling in feet; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Spinal stenosis; The patient does not have new signs or symptoms of bladder 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	Numbness Tingling; This study is being ordered for a neurological disorder.; June 14, 2016; There has been treatment or conservative therapy.; T-Spine: Tenderness Pain with motion L Spine: Tenderness Decreased range Moderate pain; Medication	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Numbness, tingling, and pain in his leg, he stepped in a hole; The study 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	Onset 4/2016 pain is interfering with walking pt has hypertension Tylenol Aleve; The study 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	pain in neck and back/numbness and tingling in legs no improvement after naproxen and tramadol since 3/28/2016; This study is being ordered for a neurological disorder.; 09/04/2015, 3/28/16, 3/31/16 and 9/15/16; There has been treatment or conservative therapy.; neck and back hurting with radiating symptoms into arms and down into legs; medication started 3/28/16 tramadol and naproxen	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PAIN RADIATES FROM NECK TO LOWER BACK FOR A YEAR, HAS NOT GOTTEN ANY BETTER WITH TREATMENT. PT DOES PHYSICAL LABOR.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/26//2016; There has been treatment or conservative therapy.; PAIN AND TENDERNESS RADIATES FROM NECK TO BACK; STERIOD INJECTION AND PACK, NAPROXEN, FLEXIRIL, PAIN MEDS, NSAIDS	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pain scale is 9/10. Pt had xray of T Spine that showed no bone destruction, mild multi level degenerative change. considered mri or bone scan for further evaul. no xray of L 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.; about 4 weeks ago; There has not been any treatment or conservative therapy.; Pt has back pain started about 4 weeks ago on the left side and radiating down legs, pain into ribs. h/x of colon cancer stage 3 and MDO is wanting to make sure it did not go elsewhere.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pain to left mid to lumbar area. History of colon cancer. R/O METS. 8wks conservative care with no relief.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 06/2016; There has been treatment or conservative therapy.; weakness , pain , tingling numbness radiating; Pt , medication	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Palpation: pain elicited over the right lumbar paraspinal muscles; Neurovascular: deep tendon reflexes: 2/4 left patellar, 1/4 right patellar, 2/4 left Achilles, 0/4 right Achilles; Muscular Strength: 5/5 left and 2/5 right quadriceps; Range of M; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Palpation: pain elicited over the right lumbar paraspinal muscles; Neurovascular: deep tendon reflexes: 2/4 left patellar, 1/4 right patellar, 2/4 left Achilles, 0/4 right Achilles; Muscular Strength: 5/5 left and 2/5 right quadriceps; Range of M; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient admits to about 8 weeks of aggravating sciatica pain with L side weakness, trouble bearing weight and at times numbness.; 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 expresses concern that medicines do not work sufficiently and would like to evaluate additional options. States "I have 3 kids and am the bread winner in the house. I have to work". Patient is a candidate for epidural steroid injections.; This study is being ordered for a neurological disorder.; 05/2014; There has been treatment or conservative therapy.; Episodes of tightness and intermittent shooting pains throughout the upper and lower back. Upper back pain radiating to the scapula that worsens with bending and lifting. Mid-back and lower back pain chronic duration. Muscle spasms.; 7 weeks of Physical Therapy- with no lasting benefit.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient has a history of 4 previous back surgeries. Patient needs an MRI with and without contrast to determine if further surgical repairs are necessary.; This study is being ordered for a neurological disorder.; 2007; There has been treatment or conservative therapy.; Increasing numbness and tingling throughout her left upper extremity and burning with throbbing in the right lower extremity and foot. She is currently under the care of pain management for oral medication treatments. Radiating neck pain in trapezius and ; 6 weeks of Physical Therapy-which didn't help.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient has had no relief since initial fall. Given pain medication and bed rest order with no reliefs. She has been in the ER twice with worsening pain 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	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient has had on going back pain for 6 months now. Has done PT for 4 weeks, & has been taking NSAIDS for 6 months. Has progressively gotten worse, pain goes down her leg & has numbness & tingling; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Naproxen 500mg twide daily	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	patient has had PT, unable to complete due to pain, numbness; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient has shown no improvement since being on pain meds since 06/14/16-Patient barely able to walk due to severe pain; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Bilateral leg weakness w/abnormal gait; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	patient having pain into lower extremities has done medical management and physical therapy with no relief; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient is a candidate for epidural steroid injections.; This study is being ordered for a neurological disorder.; 12/2015; There has been treatment or conservative therapy.; Burning sensation in the right arm and hand. Numbness of the right side of the chin and of the right arm. Neck pain on the right and radiating down the right arm. Lower back pain radiating to the right buttock, to the legs worse on the right, and chronic ; Physical Therapy-which isn't helping. Chiropractic Therapy-which didn't help.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	patient is unable to bend at the waist and it is interfering with work and sleep due to pain.; This study is being ordered for trauma or injury.; 4/27/2016; There has been treatment or conservative therapy.; mid and lower back pain with sciatica, positive leg raise test.; steroid injections, steroid dose packs,Nsaids	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient radiculopathy running down his leg; lbp and cramping radiating down his rt leg; pain x 1mo but much worse over the past week; been to the ER; leg weakness; tenderness to palpitation; very pain lumbar movement; given 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	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient states that he sees the chiropractor often and has gone to physical therapy. Still not any better. Is wanting to get his back "fixed." 2011 had MRI none since. States his pain is in low back, small motions make it worse. States pain is there al; 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 WAS DIAGNOSED WITH DDD IN 2010. SHE RECENTLY FELL WORSENING 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.; 11-2010; There has been treatment or conservative therapy.; NECK PAIN WITH RADICULOPATHY AND LUMBAR PAIN WITH SCIATICA; TRAMADOL, FLEXERIL, VOLTAREN	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient was evaluated for a headache, accompanied by nausea and dizziness. Had a lumbar puncture within the past month. G97.0; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	patients low back pain was made worse with use of chiropracty and massage therapy muscle relaxer not help pain just made pt sleepy.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt had a CT of Pelvis done showing a herniated disc; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt has HX of CVA w left LE weakness; The study requested is a Lumbar Spine MRI.; Neurological deficits; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pt having sharp,shooting pain, pain scale is 9/10; aggravated by almost any movement; sitting, bending over, driving, getting in and out of car, getting out of a chair or bed has become difficult; failed past treatment: stretches, ibuprofen, lidocaine pat; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt is having disruption of her ADL's due to the pain, numbness and weakness in her lower extremities and lumbar pain.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt is having weakness in both lower extremities due to numbness, positive straight leg raise on both sides; The patient does not have new signs or symptoms of bladder 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 is having intractable pain that was worsened by physical therapy and schedule 2 pain medication is not giving her relief; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	R/) worsening of his bulging 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 weakness.; weakness on flexion and extension; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiculopathy, lumbar region, arthritis in his back. with radicular pain into the left hip. after he has been seated for a while or kneels and stands the pain lasts al day. Has trouble finding a position to sleep in. worse during work days,; 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	radiculopathy, numbness and tingling; 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	Requesting MRI to evaluate patients pain and symptoms before continuing with additional injections and procedures.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5-31-16; There has been treatment or conservative therapy.; numbness and weakness in upper and lower extremities; Medication Therapy,Lumbar Medial Branch Blocks and other injections, home exercise program and physical therapy	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	see scanned OVs; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/13/2012; There has been treatment or conservative therapy.; Chronic back pain; Spine MD, Narcotic and Anti-inflammatory PO medications, Therapy @ home, Steroid Injections	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Severe pain and numbness in lower back and thoracic area.; This study is being ordered for a neurological disorder.; 07/08/2016; There has not been any treatment or conservative therapy.; Medication therapy dose pack	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	She is having numbness in her left lateral thigh and some low back pain and feels weak in that leg at times. No saddle anesthesia and no incontinence.; 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	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.; May 2016; There has not been any treatment or conservative therapy.; Headaches. Paresthesias BUE & BLE	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	symptoms are worsening , decreasing range of motion in right hip,; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Taking medication for a long time; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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.; Home treatment started over 1 year ago	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	tenderness; mildly at the LS spine spinous processes, more so at the bilateral SI joints. SLR is positive on the right. ROM of the back is decreased on extension, a TENS unit was ordered, concerned may have spinal spinal stenosis; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Tests are needed to rule out disc herniation and avascular necrosis.; This study is being ordered for a neurological disorder.; 02/2016; It is not known if there has been any treatment or conservative therapy.; Lower back pain on the right, radiating to the legs (worse on the right), and chronic duration. Tingling of the right leg. The lower back exhibited minimal tenderness on palpation. Range of motion is limited throughout the lumbar spine. Pain demonstrated	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has completed 6 weeks or more of Chiropractic care.; HYDROCODONE  FLEXERIL IBUPROFEN	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.	11
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	4
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.	3
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	20

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1
General/Family Practice	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
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.	5
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.; The patient does not 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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
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	4
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	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.; This procedure is being requested for Known or suspected tumor with or without metastasis	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	16
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	598

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	164
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)	389
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	3
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 an Abnormal x-ray indicating a significant abnormality	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	This condition occurred without any known injury. Symptoms include back pain. Symptoms are located in the right lower back. The pain radiates to the thigh and lower leg. The patient describes the pain as sharp and stinging. The symptoms occur constantly. ; 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	This is a recommended repeat MRI of the lumbar spine with and without contrast. The first MRI indicated an arachnoid lesion. Further study is required.; 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 the neuropathy and weakness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/14/2016; There has been treatment or conservative therapy.; Pt c/o cervical pain, weakness and numbness in L arm and hands. Chronic back pain, R Leg weakness and numbness with R foot drop.; 6 x weeks of PT and RX	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.; 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	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.; 03/14/2016; There has been treatment or conservative therapy.; neck, back, and left shoulder pain; PT, medications	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; one month ago; There has not been any treatment or conservative therapy.; dull sensation and weakness in left leg, tightness and stiff muscle, speech difficult, light head,	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.; 6/1/2016; There has been treatment or conservative therapy.; acute pain in back down though the left hip, sharp pain in straight leg raises,; medications, steroid injections long and short acting, inflammatory ,	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.; four months ago; There has been treatment or conservative therapy.; pain, radiculopathy in left thigh,; pt	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for trauma or injury.; 09/01/2015; There has been treatment or conservative therapy.; Penile pain, curvature. Peyronie's disease.; Patient is being treated for Peyronie's disease	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	UNKNOWN; This study is being ordered for trauma or injury.; 6/15/2016; There has not been any treatment or conservative therapy.; JOINT PAIN, TINGLING, ACHING AND SHOOTING PAIN IN BOTH LEGS, MID AND LOW BACK PAIN	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Unkown.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; stiffness, numbness R thigh and weakness of 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	unsteady gait d/t right lower extremity weakness.; This study is being ordered for trauma or injury.; initially 2012; worsen since 7/4/2016; There has been treatment or conservative therapy.; weakness of right lower and upper extremity with C-spine and L-spine pain.; Physical Therapy; Gabapentin; anti-inflammatory; muscle relaxant	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Weakness; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in the L leg, pain lower back, numbness, tingling L leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Will fax in; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Worsening back pain, failed treatment with NSAIDs, opiates, steroids and chiropractic care; 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	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	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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.	2
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.	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.	1
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	; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; It is not known if there documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.	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 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.	2
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	63 yo female noted to have an abnormal finding on prior CT of the pelvis in 3/2016, copied below. Please repeat a CT of this area in September 2016, to look for any changes, or concerning lymph node findings. Thanks!  2. Soft tissue attenuation struct; 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	Crippled orchadizm; 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	Groin 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	Approval	72192 CT PELVIS WITHOUT CONTRAST	irregular tissues around the uterus from a u/s; 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	left lower ext. pain. Pain is worse now. She has extreme stool.; 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	onset of perumbilical pain 36 hours ago that has localized to the right lower quadrant. Quite tender to palpation with guarding; 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	Pain and swelling left femoral/groin area that has cont'd for several weeks. Pt states it was swollen but has decreased in size now but still hurts off and on. Thinks he has a hernia.; 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	PAIN IN RIGHT GROIN, HX OF HERNIA SURGERY, NUMBNESS AND SHARP PAIN, TAKING NSAIDS; 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	Patient had a cyst in the tail bone area and has had pain for 2-3 months.; 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	Approval	72192 CT PELVIS WITHOUT CONTRAST	<p>patient had boils and one opened then went away but the other one continues to drain, its yellow liquid, feels like a soft ball is sitting on the spine, and the area of the boil is feverous, enlarging,; This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are NO active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "There are no radiographical or ultrasound findings consistent with abnormal fluid collection, pelvic abscess, pelvic inflammation or ascites."; "There are no physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.</p>	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	<p>She has what appears to be osteomyelitis of her left greater than right pelvis. He has failed vancomycin and clindamycin.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.</p>	1

General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	signs of pelvis abscess found on physical exam; This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are NO active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "There are no radiographical or ultrasound findings consistent with abnormal fluid collection, pelvic abscess, pelvic inflammation or ascites."; "There are no physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	unexplained sacrum pain; 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	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 6/19/15; There has been treatment or conservative therapy.; back / naec /tail bone bone pain numbness and tingling; NSAIDS/ muscle relaxers / PT / injections	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.; 04/2014; There has been treatment or conservative therapy.; lumbar spine pain, numbness and weakness, tenderness to hip and low back; physical therapy	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.; 09/15/2016; There has not been any treatment or conservative therapy.;	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.; 7/7/2016; There has been treatment or conservative therapy.; Pain and swelling; US,	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.; 8/30/2016; There has not been any treatment or conservative therapy.; pt. has rectal bleeding, cyst, abdominal 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 trauma or injury.; 7/4/2016; There has been treatment or conservative therapy.; pain, giving away of hip, limping;	1
General/Family Practice	Approval	72196 MRI PELVIS	; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
General/Family Practice	Approval	72196 MRI PELVIS	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	An x-ray showed a 6 mm something on the sacrum/coccyx; 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	bilateral hip pain.; 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	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.; 9/11/2016; There has not been any treatment or conservative therapy.; Abdominal tenderness, and elevated bilirubin and Jaundice.	1
General/Family Practice	Approval	72196 MRI PELVIS	PATIENT IS HAVING CHRONIC RIGHT SI JOINT PAIN; 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 presents to clinic with severe tailbone pain.; 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	positive for extremity weakness, joint pain, right leg/groin pain.  physical exam findings: Hip: right asymmetry of iliac crest, Range of motion: moderately reduced ROM. pain and reduced ROM with adduction, ext and int rotation.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/28/2016; There has not been any treatment or conservative therapy.; symptoms are acute, right leg locking up, pain starts in her right groin and radiates down to the knee. she describes the pain at cramping and hurting. walking aggravates the pain. She has fallen twice since the pain started	1
General/Family Practice	Approval	72196 MRI PELVIS	PT HAS HIP PAIN, MDO IS LOOKING FOR BURSITIS, PT HAS USED ORAL STERIODS WITH RELIEF; 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	pt. have a 6.1cm mass on rt. kidney according to the US, concerned for malignancy.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	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

General/Family Practice	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	4
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.	1
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.	4
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?	3
General/Family Practice	Approval	73200 CT ARM OR UPPER EXTREMITY	pts symptoms continue to worsen with no improvement from conservative treatment, pt has limited ROM to left upper extremity that interferes with pts daily life and ability to work, tenderness to left upper thoracic/paraspinal area; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; dizziness, memory loss, pain to back of head, neck and left shoulder that radiates down left arm,occasional flexion of left hand with lateral fingers hung in flexed position, pt had a dirt bike accident in 9/2004 with head injury which required surgery t; nerve conduction study performed results revealed positive left cervical radiculopathy, xrays of c-spine and t-spine normal, pt has completed physical therapy with no improvement of symptoms, anti-inflammatory medications and muscle relaxers along with otc	1
General/Family Practice	Approval	73200 CT ARM OR UPPER EXTREMITY	There is a history of upper extremity joint or long bone trauma or injury.; This is a request for an Arm CT Non Joint	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.	25
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.	3
General/Family Practice	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or joint infection.	2

General/Family Practice	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	3
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.; 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.; There is a history of upper extremity joint or long bone trauma or injury.	1
General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A 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.; ;	1

General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Patient's pain with ROM has increased and her grip strength in her right has diminished between her first visit on 7/16/2016 and her most recent visit on 7/21/2016.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Week of July 9th, 2016; There has been treatment or conservative therapy.; Right thumb pain, worse with movement. Tenderness in R fingers, R thumb, moderate pain with ROM, diminished grip in R hand.; Patient has worn a thumb spica wrist brace since 7/16/2016. Patient has been taking OTC NSAIDs with no relief, and using rest, ice, elevation therapy.	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.	4
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 an orthopedist.	1

General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is 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.	10
General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1
General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	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 suspicion of upper extremity neoplasm or tumor or metastasis.	3
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY		2

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.; It is not known what type of medication the patient received.</p>	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.; Started HEP 5/24/2016 / limited ROM / No relief from HEP / x-rays (7/12) did not indicate any fractures or dislocation but the pain is increasing and the ROM is lessening / Pt has DJD of lumbar spine /; The patient received oral analgesics.</p>	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.; Was seen on 7/6/2016, 7/13/2016, 8/17/2016 and has another apt on 9/14/2016 no improvement has ben seen/ Last Dr. visit was prescribed Meloxicam/ Pt has persistent weakness and pain and decreased ROM despite 6 weeks of conservative care with pain managem; Baclosen Cozaar Meloxicam Hydrochlorothizaide; The patient recevied medication other than joint injections(s) or oral analgesics.</p>	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.</p>	1

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.; 07/2016; There has been treatment or conservative therapy.; Chronic cervical, lumbar and shoulder pain. Tenderness on the neck. Difficulty looking up. Limited range of motion in shoulder.. Tenderness in lower back.; Completed and failed 12wk of PT. Anti-inflammatories.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/26/2016; 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	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.; 05/14/2016; There has been treatment or conservative therapy.; sharp shoulder pain, pain with movement, decreased ROM, joint tenderness, worsening pain, myalgia; physical therapy, meds	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.; 3-4 months ago; There has been treatment or conservative therapy.; pain in right shoulder and with left shoulder cant raise arm with limited range of motion tender to palpation high level of pain with abduct to 90 degrees; Meds	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
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 not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered 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	Approval	73221 MRI JOINT OF UPPER EXTREMITY	51 year old male patient w/ poor response to NSAIDS and PT.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	6cm mass that extends to left shoulder , been there for over a month and is not painful to touch; 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	73221 MRI JOINT OF UPPER EXTREMITY	Enter answer here - or Type In Unknown If No Info Given; Patient continues to have right shoulder and arm pain. Has had a couple injections now. He reports maybe a 2 hours after injections where he did not have pain. Assume this is from the lidocaine.; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	left shoulder pain x 2 days that radiates down arm to fingers; nothing relieves pain; decreased ROM and pain with movement.; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.; 8/21/2016; There has been treatment or conservative therapy.; Acute onset of neck pain, numbness and tingling going down the right arm, weakness in right arm, unable to raise right shoulder above horizontal, and weak grip strength in right arm.; Inseeds, pain reliever, and attempted chiropractic care.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	None; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	pain ongoing for 6 weeks; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	patient had surgery on shoulder in march, and felt a pop in same shoulder yesterday while working; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Patient presents with c/o intermittent right shoulder pain; onset x5months ago while playing volleyball. Reports seeing ER physician a few times since April for pain; reports being prescribed tramadol and a muscle relaxer in the past with some relief. Rep; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	pt had xray that was abnormal.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Rule out a rotator cuff tear; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; Increased pain; PT and injections	2
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 evalutation of wrist pain.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The Pt has left shoulder pain increasing W motion.; The requested study is a Shoulder MRI.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal; The request is for shoulder pain.	1
General/Family Practice	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.";	4
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; < Enter answer here - or Type In Unknown If No Info Given. >	5
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."; Acute pain due to a injury	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."; ACUTE TRAMA ON 14TH OOF SEPTEMBER	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 Info Given; Patient has known diagnosis of MS, Pain is worse over last 2 months. Increased pain with IR and Flexion. Joint is tender to touch. She has done physical therapy and does take OTC pain medication an	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."; HAS FROZEN 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."; left shoulder/arm pain x 1 week. No relief after taking NSAIDS. Numbness and tingling down left arm and into hand. Unable to work as a massage therapist due to this pain. Pain in constant. Arm weakness also present.	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."; MDO is wanting to r/o a rotator cuff tear, Pt has limited ROM, limited mobility, Pt had PT and treated w/ medication and symptoms are getting worse	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."; MDO requested to bypass Medical Necessity Questions	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."; Musculoskeletal System; Right Shoulder: good ROM, no objective synovitis, no tenderness, no erythema, no warmth; Left Shoulder: no objective synovitis, no tenderness, no erythema, no warmth, reduced ROM (tenderness to left trapezius); Cervical Spine no te	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."; Pain, numbness, tingling in right arm, pain with passive flexion and extension of 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."; Patient complain of shoulder pain 4-6 weeks with anti-inflammatory medication of little or no help. Right shoulder xray non diagnostic.	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 experienced a fall two months ago on right shoulder and has been experiencing numbness and pain ever since.	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 has been complaining of shoulder pain for 8 weeks now, and is causing her problems with being able to rest at night. Patient has completed physical therapy with no relief.	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 has failed Pt and injections X3 in the past from ortho. Symptoms worsened by his work and unable to lift arm significantly. Positive empty can. Suspect significant tendonopathy.	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 has noted pain with ROM in Right Shoulder, noted crepitus with abduction only, possible with passive ROM.	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 is having prolonged shoulder pain, lessening range of motion and abnormal x-rays. Did not respond to exercise therapy	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 had a rotator cuff tear had surgery repair in April 2016. Limited ROM, while lifting the Pt had a severe pain, numbness and tingling in the left flank and radiating down the arm, some neck pain but mainly in the 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."; pt had fall down stairs on 7/10/16. left shoulder pain, decreased ROM, and swelling since fall. has been taking anti inflammatory, muscle relaxers, and pain medications with little to no relief. possible 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."; torn rotator cuff	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 occurred 07/12/2016.	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."; Unknown	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.;	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.; < 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 non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; by passing clinicals	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.; Has had increasing pain accompanied with numbness, tingling, and ulnar neuropathy with subacromial subdeltoid bursitis.	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 fell and hurt shoulder. pt was then at gym lifting weights and felt like gushing water in shoulder. pt is extreme pain. has history of having rotator cuff replaced.	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.; Shoulder pain noted. He complains of left shoulder pain. The location of the pain is deep. It radiates to the arm, forearm, and hand. The pain initially started one year ago. The apparent precipitating event was log truck accident 1 yr ago. He descr	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.	16
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; The patient has a documented limited range of motion on physical examination.; It is not known if there is documented findings of severe pain on motion.	2
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; The patient has a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.	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 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.	176

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.; Patient has been active in PT since 8/26/16.; 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.; 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 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. >	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 not completed and failed a course of conservative treatment of at least 4 weeks.; Limited range of motion Arm drop Weakness R/o rotator cuff tear	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Mr. Taylor is a 48 year old White male. The patient is here for a follow-up visit. He presents with 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.; NOCTURNAL PAIN AND AWAKENING,DIFFICULTY INITIATING SLEEP,SWELLING,DECREASED MOBILITY,POPPING,WEAKNESS. 1. musculoskeletal pain  Onset: 6 days ago. The problem is improving. Location: left shoulder (rotator cuff). The pain is sharp. Context: there i	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.; Pain worse after separation.	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.; pain, decreased rom, getting worse, pt had been taking Advil and using Bengay and Icy Hot patches states not working, muscle aches and arthralgias/joint pain (Rt shoulder),limited ROM; pain with abduction right shoulder, positive neer's and Hawkin's sign	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 fell on Thursday.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Patient has left 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.; Pt c/o acute on chronic pain of R shoulder. His R shoulder x-ray is abnormal. It shows moderate glenohumeral OA changes with loss of bone density in the superior humeral head.	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 ~3 weeks with no improvement after steroid pack and Therapy	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 x 7-8 months started after lifting; sharp, constant, severe; stiffness; MUSCULOSKELETAL: normal gait; grossly normal tone and muscle strength; range of motion: decreased ROM with right shoulder flexion and extension; pain with ROM of	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.; THIS STUDY IS MR LEFT SHOULDER (ARTHROGRAM)  PT C/O LEFT SHOULDER PAIN FOR 20 YEARS, WAS REFERRED TO ORTHO TODAY, FOR WEAKNESS, POPPING, CLICKING, INSTABILITY.Left shoulder: 20 years of pain and popping with subjective dislocation and spontaneous reduc	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.	11
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.	2

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were not normal.	7
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The results of the plain films is not known.; 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 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
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.; DURING PHYSICAL EXAMINATION FINDINGS WERE POSITIVE FOR TORN ROTATOR CUFF.	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.; INJURY HAPPENED YESTERDAY, PT TRIED CATCHING SOFTBALL AND FELL ON SHOULDER, LANDING ON LEFT SIDE HYPEREXTENDING SHOULDER JOINT, PAIN IS WORSENI.	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 fell and is having pain in his shoulder; rotator cuff tear	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has not had recent plain films of the shoulder.; pt injured right shoulder 3 years ago and has had several flare ups; however, was lifting and shoulder popped, very stiff, unable to fully elevate or lift, grip is weaker, right shoulder drop, +drop test -- suspect rotator cuff injury	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for post-operative evaluation.; The ordering physician is not an orthopedist.; There are no documented physical or laboratory findings of a joint infection.; There are 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.; post op, surgery 10 months ago, pain within last 5 weeks, decreased range of motion due to 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; 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.)."	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 not being ordered prior to arthroscopic surgery.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."	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.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The patient has not had recent plain films of the shoulder.; The patient has not had a recent CT of the shoulder.	2
General/Family Practice	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.	3
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?	7
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	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 completed 6 weeks of physical therapy?	4
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.	2

General/Family Practice	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.; office visit on 6/16/16, moving refrigerator and hurt his shoulder, felt like tearing. abnormal (4/5 right shoulder external rotation and lateral abduction limited ROM(mild anterior flexion and internal rotation right shoulder) and tenderness (right shoul	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.	6
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.	5

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

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does 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>	8
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 not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.</p>	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does 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.	7
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	2
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	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 has a documented limitation of their range of motion.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does 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

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/19/2015; There has been treatment or conservative therapy.; Radiculopathy in the lumbar region with sciatica. Pain is radiating in lower back. Pt had recent xray that showed avascular necrosis on the right hip.; Pt has been on pain medication but is worsening.	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.	3

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 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
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 had an abnormal plain film study of the hip other than arthritis.; The patient does not have a documented limitation of their range of motion.	1

General/Family Practice	Approval	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.	3
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; 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 Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.	5
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 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 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.	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 suspicion of a lower extremity neoplasm, tumor or metastasis.	3
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; 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 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.	5
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 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

General/Family Practice	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.	1
General/Family Practice	Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Yes, this is a request for CT Angiography of the lower extremity.	11
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		5
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 foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	4

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; 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; No, patient has not completed and failed a course of conservative treatment.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; No, patient has not completed and failed a course of conservative treatment.	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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
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.; < 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
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 trauma or injury.; 6/06/2016; There has been treatment or conservative therapy.; decreased Range of motion, popping during moving, foot can not do heal to toe, muscle weakness, numbness.; steroids, medications, home exercise.	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; No treatments are underway or completed.	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 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	; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The 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	; 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.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; ; The patient received medication other than joint injections(s) or oral analgesics.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has 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 doing quad strengthening, patellar mobility exercises, icing, and compression. Taking NSAIDS since April. No relief and now has worsening pain.; 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 described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; PATIENT WAS SENT HOME WITH BACLOFEN AND WAS TOLD TO TRY HOME EXERCISES. IF THIS DIDNT IMPROVE WE WOULD REQUEST AND MRI FOR FURTHER EVALUATION OR ORTHOPEDIC DOCTOR.; The patient received oral analgesics.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is being ordered for trauma or injury.; 06/24/2016; There has been treatment or conservative therapy.; Left foot and ankle pain x 2 weeks with swelling.; Tylenol, Dicofenac, ice and elevation.	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is being ordered for trauma or injury.; Patient was involved in a four-wheeler accident last Saturday 8/6/2016. Patient has increasing pain in left knee and right foot. Patient has marked occult lesion of the dorsum of the forefoot on the right. X-rays are negative.; It is not known if there has been any treatment or conservative therapy.; Marked occult lesion of the dormus of the forefoot on the right. Left knee pain.	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	39 year old female patient w/ knee pain. Had injury 4 weeks ago. Xray was unremarkable. HEP, PT and steroids.; 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	55 yr old female patient w/ left foot pain. xray showed soft tissue swelling.; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Broken or cracked knee, decreased motion, pain level 6 out of 10; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has not had recent plain films, bone scan or ultrasound of the knee.	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	INJURY WAS 2-3 MONTHS AGO AND WOULD LIKE TO RULE OUT A TORN MENISCUS D/T HX OF TORN MENISCUS 2 YEARS AGO,; 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	knee brace and medications not helping; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days; 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	Knee injury 9 months prior.; 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	Medial Meniscus Tear; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient did in home exercise with instructions and Anti-inflammatory's with no relief.; The patient received oral analgesics.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN 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.; 7/11/2016; There has been treatment or conservative therapy.; Knee pain in bilateral knees, locking, and instability.; 6 weeks of PT, and medication	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	New right knee pain for 2 weeks with catches and locks up.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Pain for the past two week, Nsaids and elevation, ice and no improvement; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	patient has had knee pain for 4 + weeks, some swelling; 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	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	patient has knee pain and knee internal derangement; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient with Right knee pain with effusion, positive McMurray test. suspect Meniscus Tear.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	pt has bakers cyst which is causing pt 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.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Pt has swelling, pain, and decreased mobility, joint 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
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	PT SLIPPED AND FELL INJURED KNEE 2-3 WEEKS AGO, STILL SWELLING AND PAIN, CONCERNED WITH LIGAMENT TEAR, PT HAS BEEN TAKING PREDINSONE, TRAMADOIL, ROBAXIN.; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	R/O meniscus tear, swelling, fluid on 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.; 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	sharp pain, worsening, has tried ibuprofen, Norco, Naproxen 500mg, tenderness on palpation of the medial joint line, medial McMurry test positive for pain, limping, pain with extension and flexion of the knee, lateral McMurry was negative; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	SUBJECTIVE:  CC:  Mr. Tiernan is a 46 year old White male. This is an established patient who presents with a new problem.. He presents with knee pain.   HPI:   Patient complains of knee pain. This is the left knee. for knee pain. This began ; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,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	The Pt has knee injury three weeks ago reinjured 08/04/2016. Pt cannot bear weight, pain, swelling. Pt had prior knee surgery. soft Tissue tenderness, LROM. Negative Pivot shift, x-ray normal.; 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 foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.	10
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.	16

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 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.	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 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

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 does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "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
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	5

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.	15
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 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	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 for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with crutches for at least 4 weeks.	1
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; 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
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; Locking	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	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 an orthopedist.; Suspected meniscus, tendon, or ligament injury	20
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	19
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	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; Locking	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.; Non-acute Chronic Pain; Swelling greater than 3 days	21

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.	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; It is not known if there is a 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.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Limited range of motion; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Locking; 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.; Locking; Yes, the member 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; 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.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Instability; No, the member do not experience a painful popping, snapping, or giving away of the knee.	1
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.	27
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; 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.	15
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Locking; Yes, the member experience a painful popping, snapping, or giving away of the knee.	15
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; It is not known if the member experience a painful popping, snapping, or giving away of the knee.	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; 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 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.	16

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	61
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	25
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	19
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	31
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Instability	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; Limited range of motion	7
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	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; Swelling greater than 3 days	3
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	17
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; Yes, the member experience a painful popping, snapping, or giving away of the knee.	11

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	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; Yes, there is a known trauma involving the knee.; Redness	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were 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; Redness	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.; ; 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.; Carotid lesion of the right tibia; 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.; pain; Suspicious Mass or Suspected Tumor/ Metastasis	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	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.	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; 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.	3
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	11
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were 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

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.; 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
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.; Immobilization	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient 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 has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	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.; Non-acute Chronic Pain; 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.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications; Yes, the member experience a painful popping, snapping, or giving away of the knee.	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; 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	5
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,suspected 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	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	8
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	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 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
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 a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is not a suspected meniscus, tendon, or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	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 completed 6 weeks of physical therapy?	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.; Limited range of motion; Limited range of motion	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; This study is not being ordered prior to arthroscopic surgery.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; Pre-operative Evaluation; Instability	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is 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	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
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."	6
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1

General/Family Practice	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.	5
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.	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is 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 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.	13
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 taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
General/Family Practice	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.	7

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 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	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

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 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 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.	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 a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.	4

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is 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.	12
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.	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 does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
General/Family Practice	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.	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.	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.; 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	Uploaded; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	X-ray revealed lisfranc deformity between 1 & 2 metatarsal, 2&3 metatarsal; chip fracture with boney density posterior to ankle.; This study is being ordered for trauma or injury.; 07/09/2016; There has been treatment or conservative therapy.; Pt suffers with Foot drop, ankle pain and Non weight bearing status; NSAID's; compression (ace bandage) and elevating foot.	2
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		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.; < 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	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.; 7/4/2016; There has been treatment or conservative therapy.; pain, giving away of hip, limping;	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	6/29/16- Patient is a 24-year-old male.In general, well developed male in mild distress when he is walking. He walks with a limp, and it is obvious that he is having pain in his right hip. Examination reveals tenderness to palpation of the right greater t; This is a requests for a hip MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; The hip pain is due to a recent injury.; The request is for hip pain.	1

General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	evaluate for further treatment; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/15/16; There has been treatment or conservative therapy.; back pain, leg pain, knee pain, left thigh pain worsening when sleeping.; 6 weeks of physical therapy, xrays, pain medications	2
General/Family Practice	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.; 08/28/2013; There has not been any treatment or conservative therapy.; Chronic hip and knee pain	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Tests are needed to rule out disc herniation and avascular necrosis.; This study is being ordered for a neurological disorder.; 02/2016; It is not known if there has been any treatment or conservative therapy.; Lower back pain on the right, radiating to the legs (worse on the right), and chronic duration. Tingling of the right leg. The lower back exhibited minimal tenderness on palpation. Range of motion is limited throughout the lumbar spine. Pain demonstrated	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 study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is not requested to detect residual cancer after a course of treatment has been completed?; The patient is presenting with unresolved or new symptoms; The request is not for hip pain.	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to 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.; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.; The patient has a documented limitation of their range of motion.	1

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 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 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.	5
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	12

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).	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 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.	7
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).	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 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.	9
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	3

General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has 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.	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	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 steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	10
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has 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	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.	8

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.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.	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	9
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ONE MONTH AGO; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; MEDICATION	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 not a request for initial staging of a known tumor other than prostate.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; It is not known if there is an abdominal and pelvic or retroperitoneal mass that has been confirmed.	1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; 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	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	3
General/Family Practice	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 not a hematologist/ oncologist.	1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Abd pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	abdominal pain low back pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	abdominal pain radiating into chest and back. generalized weakness.; 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	abdominal pain, diarrhea, loss of appetite for approximately 2 months. Pain to abdomen.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis	1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	abdominal pain, negative kidney stone study in ER, colonoscopy negative; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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	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	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Confirmed renal cyst with family history of renal cancer.; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There 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	CT abdomen pelvis revealed a right kidney lesion with further workup recommended by Radiology; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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	DIZZINESS,ABD PAIN,BLOATING,DIARRHEA,FLATULENCE,NAUSEA,DIFFUSE PAIN,RIGHT UPPER QUADRANT PAIN,COMMON BILE DUCT DILATION,R/O CBD STONE,NEOPLASM.; 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
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Eval for gallstones 7/6 abnormal u/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

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	hernia very painful and continues to get bigger and bigger. Had hernia repair in 2009.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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	left upper quad pain with palpable mass; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; 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	located primarily in the right upper quadrant and epigastric region. There is some radiation to the right lower quadrant. It began 3 weeks ago. The onset of pain occurred drinking any water. He characterizes it as cramping and dull. It is of severe i; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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	Nausea, vomiting and RUQ pain: Patient continues to have right upper quadrant pain. She reports a colicky pain that is associated with nausea and vomiting. Her symptoms started a low more than 54 hours ago and have been worsening. She has not had any sign; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Which organ is enlarged? Other	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Palpable mass, left rib area Worsening pain associated; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.	1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Patient complains of worsening left upper quadrant abdominal pain; left upper quadrant tenderness with firm ridge felt on the surface of the abdomen upon deep palpitation. no bulge noted / flat upon deep palpitation for possible herniation, no distensi; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone; 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 HAS BEEN COMPLAINING OF LOWER ABDOMINAL PAIN WITH NO IMPROVEMENT OVER THE LAST FEW WEEKS.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis	1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Patient has been having abdomen pain since 09/26. Patient has had an ultrasound of her abdomen which came back normal. She is still having the unexplained LUQ abdomen 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 having severe abdominal pain preventing normal diet, causing weight loss over time, and interfering with adls; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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 is having heavy bleeding in her stools, patient has a history of tumors, her pain is getting worse , patient has to use pads because she soils most of the time, very tender in the abdominal area.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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 presents with c/o mass to left upper quadrant; first noticed x1week ago. Patient reports site is tender to palpation, dies any change in size over the past week. Reports a history of uterine cancer; reports total hysterectomy in 2010; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.	1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	PCP is considering the possibility of Cushing's syndrome based on the symptoms listed previously.; This study is being ordered for Inflammatory/ Infectious Disease.; 09/16/2016; There has been treatment or conservative therapy.; Febrile illness associated with pharyngitis, nausea, myalgias, headaches with facial swelling and visual changes ,poor energy, symptoms similar to Cushing's syndrome.; Increased rest, fluid intake and Vitamin C intake	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	PT HAD LAP GB SURGERY IN 2005 AND LAP APPY IN 2014 AT SAME INCISION SITE. HAS HAD PERSISTENT PAIN AT INCISION SITE AT RUQ. THERE ISN'T A PALPABLE HERNIA.NORMAL CHEST XRAY.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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	PT HAS PERSISTENT NAUSEA WITH ELEVATED LIVER ENZYMES AND IS UNABLE TO TOLERATE THE RECUMBANCY OF A HIDA SCAN DUE TO HER COPD AND BREATHING ISSUES AND PAIN; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	PT HAVING ABD PAIN WITH NAUSEA AND VIMITTING. HAD A CT ABD AND PELVIS WITH CONTRAST THAT SHOWED 1.0x0.9CM NODULE OF THE MEDIAL LIMB OF THE LEFT ADRENAL GLAND.; 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	Pt having persistant nausea and vomiting, and diarrhea, and RUQ pain since 8/9/2016. Nuc Med of Gall Bladder normal on 8/29/2016.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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	r/o diverticulitis; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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	recurrent abdominal pain w/ nausea and vomiting; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	SEVERE ABD PAIN IN FEMALE,RUQ TENDERNESS,EPIGASTRIC PAIN,BACK PAIN ,FEVER,NAUSEA,SYMPTOMS ARE CONSTANT X 5 DAYS,CVA 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
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Splenic mass, found on prior CT imaging, this is a 6 month follow up on known tumor.; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; It is not known if this is a request for initial staging of a known tumor other than prostate.; 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.; It is not known if there is a palpable or observed abdominal mass.; It is not known if there is an abdominal and pelvic or retroperitoneal mass that has been confirmed.	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	splenomegaly present, with splenic edge palpable 2 cm below the LCM;; 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	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 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
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

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
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
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.; Yes, there has been a recent abdominal CT scan.; No, this is not a repeat of a CT of the abdomen within 6 weeks.	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.; 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.; It is not known if there is a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.	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.	13
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 neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.	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.; This patient is experiencing hematuria.; The hematuria is newly diagnosed.	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.; 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.	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 a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.	31
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.; 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.	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.	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 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 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 a vascular disease.; The requested studies are being ordered for known or suspected aneurysms and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.	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 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.	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 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.	29
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.	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.	10

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.	7
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	2
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.	8

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Trying to rule out a hernia, patient is having lower abdomen pain and pressure.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Ultrasound recommends further imaging; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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/NONCON TRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	7

General/Family Practice	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON TRAST	UNKNOWN; This study is 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.; PT CANT BREATHE; INHALERS, BREATHING TREATMENTS, RESPIRATORY THERAPY.	1
General/Family Practice	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the abdomen.	12
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		5
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; 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	< 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

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	3
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	2

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was 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 is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study 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.	2
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.	2
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.; 5/2016; There has not been any treatment or conservative therapy.; pain and tenderness	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.; 7/26/2016; 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	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.; I spine 3/16 ab and pel unknown; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; I spine (steroids , muscle relaxers, pain meds insets) ad and pel (pain meds)	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 bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient 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.; This study is being requested for abdominal and/or pelvic pain.; 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	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first 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
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

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	2
General/Family Practice	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 not a hematologist/ oncologist.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	6.8 cm L adnexal lesion, 4 cm R adrenal mass, fatty liver, & infra- and periumbilical hernias. Has seen Endocrinologist & Gen Surgeon Dr Mesko following adnexal mass. . She estimates that the frequency of pain is several times daily. Associated symptoms i; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	8/4/16 office visit-RUQ tenderness, LLQ tenderness, and rebound tenderness.rt sided lower abdominal pain w/nausea and vomiting since Sunday/pt has gall bladder and appendix. He had negative GB US and PIPIDA scan.Today liver tests elevated. Needs CT next a; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient 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	A palpable abdominal mass, and history of endometrial cancer; This is a request for an abdomen-pelvis 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 previous CT scan was 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.; 8/13/2016; There has not been any treatment or conservative therapy.; Abdominal pain	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	abdominal tenderness, along with diarrhea; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	abnormal 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	Additionally, he presents with history of generalized abdominal pain. Mr. Young complains of abdominal pain that is diffuse in location. There is some radiation to the back. It began one year ago. He characterizes it as aching. It is of moderate intensity; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	appendicitis; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Back pain, urine very dark, got better then got a lot worse, urinating blood clots, urine became dark again, positive for blood in urine 2x in the last 10 days; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This 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	bil hernia on genital exam. seen 6/15/16. continued pain. being referred for surg.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study 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	Bilat lower quad abd pain, diarrhea, nausea, greater than 20 lb unintentional weight loss, vomiting, diarrhea that is worse after meals; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; 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	Bypassed clinical questions; 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	CBC and UA negative; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/01/16; There has not been any treatment or conservative therapy.; right sided abdominal pain mid to upper right side with tenderness around the flank to the back	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	CT is to determine if patient has hernia.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	CT Scan needed to evaluate for possible ulcers or infection due to symptoms and failed treatments.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This 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	diffuse lower abdominal/pevic area tenderness on palpation; rectal bleeding for 5 days; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Experiencing increasing abdominal distention and discomfort as well as intermittent lower extremity swelling since 9/18/16.+ intermittent nausea and worsening heartburn. Passing flatus without problem. Normal BMs. Voiding without problem.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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	experiencing urinary incontinence due to hysterectomy , full bladder; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Groin pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	guarding rigidity over Right lower quadrant; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	hematuria / RO 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	Hx of kidney stones; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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	KIDNEY STONES; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	LEFT UPPER AND LOWER QUAD PAIN,HEPATIC CYST,HYPOECHOIC LESION LEFT KIDNEY,PAINFUL URINATION,LOW BACK PAIN,HISTORY OF CHOLECYSTECTOMY AND RIGHT NEPHRECTOMY.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Mass was visible on the outside of the 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.; This 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	muscle aches and back pain; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; limited ROM; lower back and neck; nsaid, muscle relaxers, steroids	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	NO MORE ADDITIONL INFO.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.	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 had an lipase lab test.; The results of the lab test were normal.	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.; 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
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	Pain in abdomen, assault by handgun, injury of unspecified part of colon.; This is 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	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	Patient complains of left lower quadrant abdominal pain. This is located primarily in the left lower quadrant. There is some radiation to the left lower back. It began 2 weeks ago. Associated symptoms include anorexia and nausea. She denies melena, c; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient first came in on 6/21/16 with a UTI. Patient came in again today with abdominal pain and low back pain with vomiting. patient went to the er 5 days ago and is still not any better. Provider is trying to rule of kidney stones; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	patient has an abdominal mass in the right lower quadrant. she weighs in excess of 360 pounds. Ultrasound would not be sufficient due to body habitus.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; 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 has been seen for the same symptoms that has not improved, positive for nose bleeds, abdominal tenderness and distention, pain, frontal headaches, MD wants to r/o lymphoma; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study 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
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient has chronic abdominal pain with chronic constipation; Family hx of Terminal Ileitus; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient has had increased right sided abdominal pain and fever of 101 or higher, decreased appetite, nausea and diarrhea. Patient is tender to palpate on the right side. Patient can only seem to get relief when lying on side with knees drawn to chest. Pat; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or 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	Patient has history of kidney stone and has been using her flomax with no relief, her pain is the same as when passing previous stones.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient has sudden onset of left lower quadrant pain. Patient reports possible fever. Nausea with food consumption.; This is a request for an abdomen-pelvis CT combination.; This study is being 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 having abdominal pain, nausea, vomiting and headache.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or 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	Patient is experiencing severe pain and is experiencing severe nausea and vomiting the pain started in the RUQ and is now in both the RUQ and LUQ she has had no bowel movement in 4 days her white count is elevated provider needs CT to rule out possible bo; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This 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 is having abd and pelvic pain. Doctor suspects 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

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	patient is having flank pain and hematuria and the dr is considering that patient may have 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
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient presents chills, vomiting, and severe abdominal pain.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This 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 PRESENTS TO CLINIC WITH LEFT FLANK PAIN AND HEMATURIA.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient recently had an appendectomy and came to the clinic with continued abdominal pain and fever. She had a high white count. After antibiotics, her WBC count was within normal range but she continues to have abdominal pain that is significant 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.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient with history of perforation of a stomach ulcer with open repair in 2005. Patient reports that his current symptoms seem the same. Patient with guarded abdomen, with severe RUQ pain, that is non-responsive to carafate, or a high dose PPI. Patient; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was 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

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	pelvic and vaginal discharge hematuria; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Persistent quadrant pain Nausea Concern of diverticulitis White blood count elevated since 8/4 despite antibiotics; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	positive blood in urinalysis; left flank pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Post op WLS pt; 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	Pre Op evaluation for general surgery; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; 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	pre-opt planning; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has abdominal pain and swelling; abnormal lab test for liver profile; 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 has back pain and abd pain, blood in stool. Unexplained weight loss, significant amount and a hx 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 not a hematologist/ oncologist.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt is needing f/u on liver lesion seen on ct earlier this year.; 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
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	PT JUST HAD D&C DUE TO NON-VIABLE PREGNANCY, STATES PAIN STARTED ABOUT THE TIME SHE BECAME PREGNANT.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This 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 presented today with right flank pain with gross hematuria, pt has a history of renal 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	Pt reports she's had a mass on her right abdominal side for about 5 years that occasionally gives her stomach problems and pain.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	R sided low low back/flank pain, lower abdominal pain, and groin pain. Pain is aching to sharp in nature, Seen 8/10 and dx with UTI, RLQ tenderness (R groin), suprapubic tenderness, and CVA tenderness (R side),Recurrent UTI vs possible renal stone, UA on; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	R/O appendicitis vs ovarian cyst. Patient does have rebound tenderness in RLQ and pain in both RLQ and LLQ.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; 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; This is a request for an abdomen-pelvis 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 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	r/o kidney stones; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	R/O metastasis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/19/2016; There has been treatment or conservative therapy.; Pain in left shoulder; shoulder injection, physical therapy, and MRI.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O 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
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	REBOUND IN THE RIGHT LOWER QUADRANT; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RLQ PAIN FOR 3 WEEKS; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	see attached 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	SEVERE ABDOMINAL PAIN AND BACK PAIN FOR SEVERAL MONTHS.PAIN IN THORACIC AREA AND RADIATES INTO THE UPPER ABDOMEN.NOT EATING WELL.NAUSEATED,VOMITING AND DIARRHEA.HAVING SHAKING,COLD CHILLS THIS AM.NO BLOOD IN STOOL.WEIGHT LOSS OF 29LBS IN 3 1/2MOS.FROM 99.; 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	severe abdominal pain, constipation, nausea, tenderness on exam.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This 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	Suspicion of appendicitis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	the Pt has right lower quad apin, fever, chills, nausea, vomiting. rebound 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	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.	6
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.; It is unknown if the patient had an Amylase or Lipase lab test.	2

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	10
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.	64
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.; It is not known if this patient is experiencing hematuria.; Kidney/Ureteral stone; pt came in on 8-23-16 was tested for a uti. Pt did have a uti and was treated. Pt has been back twice since the for abdominal pain nausea and vomiting	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	4

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a strong suspicion of kidney or ureteral stones.; This patient is not experiencing hematuria.; Kidney/Ureteral stone; Pt is having severe sharp abdominal pain frequently. Dr. would like to rule out kidney or gall 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.; There are new symptoms including hematuria.; 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 there is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; RLQ  Debbie presents with generalized abdominal swelling.. It began 1 month ago. It is of moderate intensity. This is the first episode. The typical duration of an episode is the majority of the day. Associated symptoms include denies pain. Pt stat	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if this is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; 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.; It is not known if this is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.	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 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.; Trauma	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.	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.; 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.; Constipated for 1 month.	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.; Abdominal tenderness when touching, pain is in left lower quadrant. The pain is burning, walking and standing bother the pain.	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.	9
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.	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 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 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 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
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	2

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	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation	4
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	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; 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.	6

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.	283
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	8
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	5
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	11

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
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.	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 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	<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.; Patient with abdominal pain since 5/22/16 associated with fever. Patient has taken Ibuprofen and Tylenol for fever. Mild tenderness to LLQ. Pt Has taken ABX for 5 days with little to no improvement. GI Referral pending</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 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>	5

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>	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 abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; abd pain, left upper and lower 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.; abdominal pain, fever, chills, nausea vomiting diahreah, hypoactive bowels sounds	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.; L lower quad 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.; left lower quad pain- 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 abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; none	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.; 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.; Patient has been experiencing chronic constipation and has now developed abdominal pain. X-rays confirm constipation. Patient may go 4-5 days with no BM. Constipation unrelieved by Miralax and stool softeners. Describes pain as sharp radiates to RUQ and 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 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 had a CT Scan without contrast on 08/19/2016. It came back showing a few non specific, visibly mildly, prominent, but nonpathologically enlarged, upper abdominal lymph nodes. Along with a few prominent collateral vessels in the upper abdomen. Etiology 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 abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; R/O 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.; 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.; recent US of Abd show fatty infiltration of the liver, gaseous abdomen precludes abdominal aorta and pancreas fine review	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.; tender to touch, abdominal pain, bloody stools, mild anemia	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;	17
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>	20

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; 1 month of worsening ABDOMINAL pain that is getting worse and severe and some guarding with it does not have gall bladder anymore He is having constipation for a few days then releases but does not feel better as usual  has lost a lot of weight as well	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	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; abdominal pain for 10 days, last normal BM 10 days ago, vomiting daily, extreme diffuse abdominal tenderness on palpation	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 6 weeks right quad 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 for one week with rebound 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; abdominal pain for over 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; abdominal pain x 4 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; abnormal ultrasound- has fatty liver, kidney cyst and small gallstone	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; Abnormal x ray, but did not say if it was kidney stones or vascular calcifications.	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; continued vomiting and abdominal pain over 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; Dr is trying to rule inflammatory bowel and 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; Dx with female pelvic pain; this is located primarily in the left lower quadrant. It does not radiate. It began 2 days ago. The onset of pain occurred with no apparent trigger. She characterizes it as sharp and stabbing. It is of moderate intensity.	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; ELEVATED WBC, ELEVATED ALT, NEGATIVE RUQ ULTRASOUND	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; evaluate for acute 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; f/u on diverticulitis,Gastrointestinal (Abdomen) Examination of abdomen with notation of presence of masses or tenderness and liver and spleen,	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; GI ISSUE ABDOMINAL AND PELVIS PAIN 3-6 WATERY STOOLS A DAY PRIOR COSTLAECTAMY FATIGUE NO VOMITING	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; hernia	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; High liver enzymes and elevated WBC	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; HX OVARIAN CYSTS. LOWER QUAD PAIN, UNABLE TO LIE 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; MBR has air coming out penis when he has stool	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 for 2 months, constipation, fatigue, Pt is diabetic	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, cant poop, consistant with bowel obstruction.	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; Negative Ultrasound; no improvement with Flagyl or diet changes	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; none given	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 Abdomen LUQ left Upper Quadrant	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 epigastric area started about 2-3 weeks ago getting worse, weight loss, 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; Patient complaint pain under right rib, trouble urinating and dysuria x 3-4 days and getting worse.	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 a history of ovarian cysts and had a c-section with last child. may have hernia. ct needed to confirm	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 abdominal pain since 9/2015. complains of knot in right side getting bigger. On exam tender right upper abdomen, mild epigastric 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; Patient has been having blood in urine and flank pain lasting more than 2 weeks. She also has a family history of kidney and bladder 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; patient has flank pain that has been ongoing. Reports of multiple UTI's during this time as well.	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 pain in pelvic area, longevity of pain for 2 weeks. Went to ER. Treated for UTI. Given antibiotics, but pain is still on going.	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 right lower quadrant pain, right inguinal hernia, requesting CT to evaluate hernia. lab positive for hepatitis C	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 having abdominal pain, left side tenderness, low back pain, constipation	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 is having worsening abdominal pain with a CT in 9-2016 which suggested follow up CT.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient is in clinic with c/o umbilical abscess. She reports that she had a laparoscopic hyst in 2014. States that she has had problems with naval infections/abscesses since. She states that the surgeon told her to clean her naval with peroxide for 7 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; patient left upper quadrant pain, please look at tracking #055559789 for clinical notes, which was approved but withdrawn re: wrong study	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; Periumbilical pain, unintentional weight gain, mild epigastric pain, slight bulge when he sits up. MDO wanting to r/o 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; Positive for abdominal pain and distention, rectal pain, gastrial pain, severe at times, positive for urinary urgency and vaginal discharge, bad heart burn, bloating. To evaluate pancreatic lesion and ovarian cyst.	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; Provider is trying to rule out 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; pt has increased levels of lipase and amylase with worsening upper rt quadrant abdomen pain. abdomen pain not relieved with medication.	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 having abdominal pain for 3 days and worsening and diarrhea.	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 having hyper active bowel sounds, abdominal tenderness, epigastric as well as LLQ, nausea, vomiting. negative xray, negative Ultrasound, negative HIDA scan, ongoing problem since 3/29/2016 weighed 188lbs, on 7/21/2016 Pt is 171lbs. Pt using Phdenrgan w	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 presented with pain, nausea,vomiting and fever with acute onset.	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 to clinic with c/o umbilical pain with bending or lifting. Began last week. Denies n/v/d. C/o lbp x "a few years". He works for a company that requires a lot of heavy lifting.	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 WITH ABDOMINAL PAIN, BLOODY STOOL, HEMATEMESIS, FATIGUE.	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 COMPLAINING OF HEARTBURN AND ABDOMINAL PAIN, EXCESS GAS FOR 2 MONTHS THAT IS WORSENERD BY FOOD	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; 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 findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; R/O 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; Reason for referral or problem to be ruled out: worsening of condition; problem with liver; gall bladder; or pancreas; maternal grandfather with pancreatic CA; patient has had an elevated lipase for several 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; right lower quadrant 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; RLQ pain at mcburny point with guarding and some rebound, +BS x4, no masses felt, some suprapubic pain felt as well.  Has severe RLQ pain with guarding and some rebound, will get CT scan to further rule out appy vs ovarian cyst vs abscess vs other  wi	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 sudden onset of left lower quadrant pain, severe constipation, with fever and chills. Weight loss, no appetite, vomiting and nausea, hx of diverticulitis, and severe pain on physical exam. Abnormal lab tests.	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; -stent placed not removed	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; suspected 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; The abdominal pain is located primarily in the left lower quadrant. It does not radiate. It began 2 months ago. The onset of pain occurred with no apparent trigger. She characterizes it as throbbing. It is of severe intensity. The typical duration i	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 for 2 weeks Ultrasound was normal checking for gal bladder problems	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 with elevated cortisol levels.	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; will fax in	2

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; x-ray showing small bowel, Pt has had acute 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 is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	362
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	50
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	11
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	4
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 neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is not experiencing hematuria.; Kidney/Ureteral stone; Pt has N/V, Anemia	1

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; Right lower quadrant pain, has had a lot of discomfort the past couple of days around his umbilical region and over to the right lower abdomen. This seems to be worsening, does have IBS, Sitting from lying down makes it worse. Eating seemed to make it wor	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 >	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; abdominal pain, nausea, vomiting, and bloating	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; Ongoing pain since june, no relief	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; Pt having off/on for 6 month. Severe LLQ pain, usually non radiating muscle relaxers and Nsaids provide no relief. HX of nephron cirrhosis, upon PE was soft but tender with pain on palpitation LLQ.	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 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
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	13
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.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is a suspicion of an adrenal mass.; 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 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	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 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	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 not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; r/o mass	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 a suspicion of an adrenal mass.; Suspicious Mass or Tumor	7
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; <Enter Additional Clinical Information>	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor	4

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;	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; Patient is having pain in abdomen, there was a mass felt but it is not an adrenal mass.	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; patient has umbilical hernia needed for surgical consult	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; patient is extremely TTP in LLQ with rebound TTP and with involuntary guarding and in the presence of abdominal bloating per history and also on exam and with lower abdominal fullness and decreased po, we certainly need to r/o an intraabdominal malignancy	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Pt has suspecious 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 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; she has hepatomegaly and a lump on her spine.	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; Traumatic fall that has caused a large bulb/mass on left abdomen.	1
General/Family Practice	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 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 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; 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, 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.; This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; There are clinical findings or indications of Hematuria.; Other; Other	1
General/Family Practice	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 evidence of organ enlargement on ultrasound, plain film, or IVP.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; Organ Enlargement	1
General/Family Practice	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	6
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; It is not known if this is a request for initial staging of a known tumor other than prostate.; There has not been a recent 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.	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 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
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	4

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.; 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.; 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.; &lt;Enter Additional Clinical Information&gt;</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 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.</p>	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 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.	11
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.	4

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.;</p> <p>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.;</p> <p>This is not a request for initial staging of a known tumor other than prostate.;</p> <p>There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.;</p> <p>There are new signs or symptoms including hematuria, presenting with known cancer or tumor.;</p> <p>There is no known prostate cancer with a PSA greater than 10.;</p> <p>Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.</p>	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.;</p> <p>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.;</p> <p>This is not a request for initial staging of a known tumor other than prostate.;</p> <p>There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.;</p> <p>There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.;</p> <p>There is no known prostate cancer with a PSA greater than 10.;</p> <p>Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.;</p> <p>&lt;Enter Additional Clinical Information&gt;</p>	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.;</p> <p>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.;</p> <p>This is not a request for initial staging of a known tumor other than prostate.;</p> <p>There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.;</p> <p>There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.;</p> <p>There is no known prostate cancer with a PSA greater than 10.;</p> <p>Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.;</p> <p>Abdominal pain</p>	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.;</p> <p>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.;</p> <p>This is not a request for initial staging of a known tumor other than prostate.;</p> <p>There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.;</p> <p>There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.;</p> <p>There is no known prostate cancer with a PSA greater than 10.;</p> <p>Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.;</p> <p>abnormal CT on 8/15/2016</p>	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.; elevated AST, hx of cancer	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.; n/a	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This request is for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; Trauma	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.; It is not known if there is 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
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 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; Patient was lifting something heavy which caused a hernia in his colostomy stoma.	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 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

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	3
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.	3
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	to rule out gallbladder disease; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is 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.; 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

General/Family Practice	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
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/18/16; There has not been any treatment or conservative therapy.; nausea, fever, diarrhea, vomiting, numbness and tingling of right hand, right side upper abdominal pain and has been diagnosed w/ pleurisy	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	URNIAYLSIS OUT OF RANGE 20-40 RED BLOOD CELLS IN URINE, WHITE BLOOD CELLS IN THE URINE, CBC IS ABNORMAL HEMAGLOBAN 9.9, HEMATOCRIT IS 33.6, LOW BACK PAIN.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.	1
General/Family Practice	Approval	74181 MRI ABDOMEN		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.; 09/15/2016; There has not been any treatment or conservative therapy.;	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.; 8/26/16; There has been treatment or conservative therapy.; abdominal pain; Zofran, no therapy.	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.; 8/30/2016; There has not been any treatment or conservative therapy.; pt. has rectal bleeding, cyst, abdominal pain	1
General/Family Practice	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 not a hematologist/ oncologist.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/2016; There has been treatment or conservative therapy.; Right upper quadrant pain that radiates to back/ spasms; Pt had an ULTRA and CT done in the emergency room/ medications/ Takes Miralx for constipation	1

General/Family Practice	Approval	74181 MRI ABDOMEN	Multiple liver lesions; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	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.; 9/11/2016; There has not been any treatment or conservative therapy.; Abdominal tenderness, and elevated bilirubin and Jaundice.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	pt has LUQ abdominal pain , ct of abd/pelvis in august of 2015 revealed a lesion there of undeterminate origin, pt continues to have pain, reports constipation and abnormal UA; 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

General/Family Practice	Approval	74181 MRI ABDOMEN	Pt is having pain, unknown on why the Pt is having pain and is seeing a surgeon on 8/19/16. Severe abdominal pain with no relief and enlargement in appendix.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	pt. have a 6.1cm mass on rt. kidney according to the US, concerned for malignancy.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is not a gastroenterologist, urologist, or infectious disease specialist."; "There are not physical findings or abnormal blood work consistent with peritonitis, pancreatitis, or appendicitis."; "There are active or clinical findings of Crohn's disease, ulcerative colitis, or diverticulitis."; & It; Enter answer here - or Type In Unknown If No Info Given. & gt;	1

General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is not a gastroenterologist, urologist, or infectious disease specialist.;" "There are physical findings or abnormal blood work consistent with peritonitis, pancreatitis, or appendicitis.;" Cyst was found on pancreas on CT of chest. Pancreatitis is suspected.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected vascular disease.; It is not known if the ordering physician is a surgeon.; It is not known if there are plain film or ultrasound evidence of vascular abnormality.; The patient does not have hypertension unresponsive to drug therapy.; Ms. Bales presents in follow up from ER. She was seen in the ER on 7/18/16. She was diagnosed with abdominal pain. The following lab tests were done: CBC (WNI), comprehensive metabolic panel (calcium at 8.1, other lab normal), urinalysis (WNL), am	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon.;" < Enter answer here - or Type In Unknown If No Info Given. >	1

General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon.";	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; 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."; Severe abdominal pain with no relief and enlargement in appendix.	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 follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.	1
General/Family Practice	Approval	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.; elevated LFT, jaundice, liver enlarged and abnormal on US but poorly visible	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.; fatty liver	1

General/Family Practice	Approval	74181 MRI ABDOMEN	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.; It is not known if there is an abdominal infection;	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; Surgery is planned for within 30 days.	1
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.";	2
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; < Enter answer here - or Type In Unknown If No Info Given. >	2
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 abdominal 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 had an abdominal ultrasound, CT, or MR study.;" Abnormal CT; blood in urine and suspicious mass on CT. Pain radiating down left flank; nausea and vomiting. STAT	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" CT may represent adrenal adenoma, this also low density at the left adrenal gland equivocal for 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.;" lesion found on adrenal gland on CT	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" none given	1

General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; PATIENT HAD A CT ABDOMEN AND LESION IN LIVER IS SUSPICIOUS FOR MALIGNANCY.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Patient had an ultrasound and CT that recommended MRI	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Patient had Ct Chest the impression was 5.1 cm X 5.0 cm left adrenal mass and 1.3cm X 1.4cm right adrenal lesion which indicated mri was needed .	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; patient has had a ct abd and pelvis that showed a right lobe liver mass	1

General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" Pt had a CT Abd & Pelvis that showed a liver lesion & suggested a MRI for evaluation	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" pt having abdominal pain and had ct that showed increase in size of liver mass.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" pt was seen in ER and had Ct scan which shows mass in left side of abdomen on 07/01/2016	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.;" r/o mass	1

General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Renal mass found on CT	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Ultrasound shows enlarged liver with fluid around it, appeared to be fatty infiltration	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."; Unknown	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."; Follow up to a abn CT recommended by radiologist	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."; hepatic steatosis, the markedly heterogeneous attenuation of the liver may obscure an underlying mass. mri with contrast is recommended for further evaluation.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study.";	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; 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	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.; Patient had an MRI of the abdomen 8/28/14 that showed a liver cyst , mild prominence of the pancreatic head and mild prominence of the adrenals that recommended short term follow up in 6 months and this has not been done	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; patient has masses on liver, f/u to previous MRI to see if there have been changes	1
General/Family Practice	Approval	75557 Cardiac MRI Morph & structure w/o contrast	This is a request for a heart or cardiac MRI	1
General/Family Practice	Approval	75571 Coronary Artery Calcium Score, EBCT	Unknown; This is a request for a CT scan for evaluation of coronary calcification.	1

General/Family Practice	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.; Elevated calcium scoring test , elevated blood pressure , headaches, fatigue, strong family history of heart disease.; Yes, there is Chronic Chest Pain.	1
General/Family Practice	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This is a request for CTA Coronary Arteries.; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	1
General/Family Practice	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.; 70% CARTOID STENOSIS BIL CORANARY ARTERIES RESULTED FROM CAROTID ULTRASOUND.PT HAS CHEST DISCOMFORT,CHF,SHORT OF BREATH AND DIZZINESS	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.	18

General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral		1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast 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.; 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	< 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
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 something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	2
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Bracca mutation positive; 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	Family history of breast cancer, 1 1st degree and 2 second degree family members; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Pt has a mass in left breast and suspicious lesion in the right breast behind the implant.; 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	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination 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
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).	6
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	3
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.; There are benign lesions in the breast associated with an increased cancer risk.	5

General/Family Practice	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 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.	2
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; 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	<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 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.; The patient has not had a recent stress echocardiogram.; The patient has known CAD.; 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 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
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>; 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

General/Family Practice	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 male.; 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 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
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Abnormal EKG; 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	chest pain, left shoulder and neck pain that has been ruled out for neuro/ortho problems.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	COMPLAINTS OF CHEST PAIN AND 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
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	History of diabetes and atrial fib. chronic systolic chf EF 25-30% per echo 8/1/16. Presents with lifest; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	none 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
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	none; 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	None; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient has a 6 month history of increasing chest pain and shortness of breath, also has hypertension and hyperlipidemia which puts him at an increase risk for 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
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient has chest pain , he is short of breath , he has leg swelling; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt with chest pain and 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
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Reported by patient. Location: chest; epigastrium; left substernal; radiates to the left arm Quality: pressure; tightness Severity: mild  Duration: lasts minutes; started Saturday PTA around 6:00 PM days ago; typical duration is 20 minutes (x one)  O; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	She has multiple complaints today of chest pain, she also has anterior chest pain with exertion. can last a few minutes after she stops her activity. she has shortness of breath and weakness with it. Patient is unable to walk on treadmill due to hip pa; 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	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
General/Family Practice	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).	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 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
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.	2
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).	3

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).	3
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient'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.; 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
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; 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

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; 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
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.	2

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.	14
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.; 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

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 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).	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 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.	2

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 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.	3
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 not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This 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
General/Family Practice	Approval	78813 PET IMAGING 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
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; 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	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
General/Family Practice	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.	1
General/Family Practice	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.	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 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	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 sings or symptoms.	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 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
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.	2
General/Family Practice	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 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

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 a diagnostic/lab test.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; It is unknown which lab test suggest their need for ordering this study.	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 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.	1
General/Family Practice	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Head/Neck Cancer.; The patient has Brain 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 to establish a cancer diagnosis.; This study is being requested for Lung Cancer.	3
General/Family Practice	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; Unknown if a nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; This study is being requested for Lung Cancer.	1

General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/12/2016; There has not been any treatment or conservative therapy.; pain, upper quad-lower quad- chest 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; 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
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1

General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	2
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	5
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	8

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.; 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 Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	1
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; It is unknown if this is being ordered for initial diagnosis of congenital heart disease, Annual follow up of congenital heart disease or Evaluation of change of clinical status.	1
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status.	1
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital 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 Heart Failure; This is for the initial evaluation of heart failure.	5
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of 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 Pulmonary Hypertension.	3
General/Family Practice	Approval	93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	2
General/Family Practice	Approval	93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	3
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 (S8032); No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening (S8032).; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1

General/Family Practice	Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening	This is a follow up to a CT last year and this is a follow up that test was negative. Patient is a smoker; This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; It is unknown when or if the patient quit smoking.	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 (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; 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

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 (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	12
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 (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	4
General/Family Practice	Approval	S8037 mrcp	Patient with recurring RUQ pain, but negativbe GB US, pipida scan, and now ct abdomen. He had slight liver enzyme elevation. rt sided lower abdominal pain w/nausea and vomiting since Sunday/pt has gall bladder and appendix. RUQ pain since Sunday. It is sh; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
General/Family Practice	Approval	S8037 mrcp	PT has high liver function test. N&V; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1

General/Family Practice	Approval	S8037 mrcp	This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; It is not known if patient requires evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	1
General/Family Practice	Approval	S8037 mrcp	This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	1
General/Family Practice	Approval	S8037 mrcp	This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient requires evaluation for a congenital defect of the pancreatic or biliary tract.	1
General/Family Practice	Approval	S8037 mrcp	This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient has an altered biliary tract anatomy that precludes ERCP.	1

General/Family Practice	Disapproval	70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/11/2016; There has been treatment or conservative therapy.; Swelling on the right neck tingling down the right arm dizzy submandibular tingling down the right arm and neck area; Medications injection	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; The study is 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.; 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	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 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
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 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.	2
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; 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	< 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; There is another reason why an MRI is not being considered; insurance wont approve it	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 Dementia/ Cognitive Impairment; There is another reason why an MRI is not being considered; UNKNOWN	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	4
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 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	< 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; There is another reason why an MRI is not being considered; mdo prefers ct instead	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 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
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 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	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.; nov 25 2015; There has been treatment or conservative therapy.; neck pain, chronic migraine w/o - if puts pressure on it pain stops; Medication	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It 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	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.; 08/4/16; There has been treatment or conservative therapy.; Sore throat swollen neck swollen limp nodes chronic meningitis drainage tonsil abscess; Antibiotics	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.; 8/19/2016; There has not been any treatment or conservative therapy.; had a 4 wheeler accident-Friday and is having issues. went to ER did lose consciousness-	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.	3
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 headache is not described as a “thunderclap” or the worst headache of the patient’s life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	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

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.	7
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 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	; 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	; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Foreign metallic bodies such as metallic splinters, metallic bullets/buckshot is the reason 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 trauma or injury.; ; There has been treatment or conservative therapy.;	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	25 y.o. female presents with a headache x 1 week. No fever. Associated symptoms include nausea, vomiting, and diarrhea. No blood in stool. No recent travel. Drinking and urinating normally. Her pain is constant and changes in intensity. She also reports s; 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	abnormal blood chemistry.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/23/2016; There has not been any treatment or conservative therapy.; abdominal pain.	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	becoming more frequent; 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	Classical Migraine with Aura not improved with 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	Complicated headache syndromes; 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	confusion, headache, pressure in head, steroid pack did not work,; 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	Early onset dementia; 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	Evaluation for sinus disease and structural issues given the sudden onset of symptoms.; This study is being ordered for a neurological disorder.; 05/27/2016; There has not been any treatment or conservative therapy.; Loss of smell and taste.	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	feels like passing out with episode, dizzy, nausea, blurred vision; 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	Hallucinations; 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	Has pain that radiates down into neck; unrelieved by pain medication or/and rest. Ongoing since 06/16/16.; 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
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	HEADACHE 3 WEEKS LONG TRYED 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

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Headache: Patient reports he's had a daily headache for at least the last 10 years. Patient reports he often wakes with headache, goes to bed with a headache. He reports that his headache started more than 10 years ago after he had sinus surgery for devia; 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; 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; Has noticed a new onset of headaches. He has been getting headaches around 2-3 times per day. ; Has not noticed anything that has triggered his headaches.; Headaches began 1-2 weeks after cardiac stent placement. ; Pounding right sided fronta; 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	Hearing Dripping sound in head for about yr and happening more frequently; 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	heat syncope, dizziness, has HIV. trying to rule out a stroke; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	MDO requested to bypass Medical Necessity Questions; This is a request for a brain/head CT.; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Migraine headaches not responding to current medications. She has used Tylenol, Excedrin Migraine and Topamax. Patient had to stop the Topamax due to reaction.; 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	n/a; 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	Nausea; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	NEUROGY HAS REQUESTED STUDY PRIOR TO INITAL APPT WITH NEUROLOGIST. SKULL AND FACIAL FRACTURES IN 2009. HAS A TITANIUM PLATE ON THE SKULL.; 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	NEW ONSET HEADACHE, LIGHT SENSITIVITY, DIZZINESS.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	new sudden onset of h/a; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient 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	none given; This study is being ordered for a neurological disorder.; 7/11/2016; There has not been any treatment or conservative therapy.; Headaches	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.; 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	None; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	numbness in left side; This study is being ordered for a neurological disorder.; aug 1st was the last episode; It is not known if there has been any treatment or conservative therapy.; numbness	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	numbness; 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 complaining of headaches and lightheadedness for the past 2-3 months. Worse when she bends over. Has tried over the counter pain relievers.; 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 complains of headaches, dizziness, muscle flaccidity to left hand web space between first finger and thumb.; 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	patient has a severe 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	Patient has been having episodes of dizziness and lightheadedness with associated nausea along with episodes of near syncope and blackouts; 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	Patient has c/o migraine headaches since June 2016. Physician ordering CT for evaluation.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	patient has dizziness; 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 has had increasing dizziness and ringing in the ears for several months; she has had an enlarged lymphnode in the chin area for several weeks and she has a history of breast CA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; Patient has had increasing dizziness and ringing in the ears for several months; she has had an enlarged lymphnode in the chin area for several weeks and she has a history of breast CA	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	patient has had recurring migraines not improved with pain medications, is having visual disturbances; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	patient has headache, numbness to face, neck and low back pain and burning throughout body; This study is being ordered for a neurological disorder.; 02/09/16; There has been treatment or conservative therapy.; numbness in face, headache, ddd c-spine and l-spine, burning throughout body; steroid shot, pain medication	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient has history of pseudoseizure.; 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	patient has nausea along with a 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	patient is having an increase of headaches with medication treatment not working; 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 dizziness and heat syncope. also has HIV. trying to rule out a stroke; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	patient is having dizziness, heat syncope, also has HIV. trying to rule out a stroke; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	patient is having facial numbness. doctor is concerned for TIA OR STROKE.; 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 is having headaches that cause facial pressure; 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; Foreign metallic bodies such as metallic splinters, metallic bullets/buckshot is the reason an MRI is not being considered	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient is having severe mental status change & this study needs to be done as soon as possible.; 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	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient is here with complaints of pain in the back of his head that gets worse if he has a fitted hat or any type of 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
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient is unable to lay still for MRI also; 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	PATIENT STATED HE WAS HIT IN THE HEAD 2 YEARS AGO AND NOW HE IS EXPERIENCING NUMBNESS IN HIS R ARM WHEN THE HEADACHES OCCUR.; 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 with vertigo requiring ct brain requested by provider.; 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	Possible and decreased level of consciousness; 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	possible dementia. recent memory loss for the past 3 months.; 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 c/o headache with nausea; 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 complains of headache for the past 2 days, indicating temporal, cannot recall right before seizure or after, muscle soreness since, no family or personal history of seizures; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt has been suffering from migraines & neck pain for several months. He has been going to a chiropractor since May with no relief.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown, pt has been seeing a chiropractor since May with no relief.; There has been treatment or conservative therapy.; neck pain; Migraines; Chiropractor	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt has cluster headaches; r/o tumor; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	PT NEVER HAD HISTORY OF HEADACHES; This study is being ordered for a neurological disorder.; 6 WEEKS AGO; There has been treatment or conservative therapy.; LEFT SIDED HEADACHE, DECREASE IN BALANCE, DIZZINESS AND LIGHTHEADED, LEFT EYE IS BLOODSHOT; OVER THE COUNTER MEDICATIONS	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt. has had Chronic Migraines x 18 years. Has tried several different medications with little or no relief. Needing CT to refer to specialist; 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	pts symptoms continue to worsen with no improvement from conservative treatment, pt has limited ROM to left upper extremity that interferes with pts daily life and ability to work, tenderness to left upper thoracic/paraspinal area; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; dizziness, memory loss, pain to back of head, neck and left shoulder that radiates down left arm,occasional flexion of left hand with lateral fingers hung in flexed position, pt had a dirt bike accident in 9/2004 with head injury which required surgery t; nerve conduction study performed results revealed positive left cervical radiculopathy, xrays of c-spine and t-spine normal, pt has completed physical therapy with no improvement of symptoms, anti-inflammatory medications and muscle relaxers along with otc	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	R/ O Cancer , recurrent sinusitis; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being 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	R/O Abscess; 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; There is another reason why an MRI is not being considered; not necessary	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Reoccurring 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	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	right facial numbness and eyelid droop; 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	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	see imported 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.; 08/11/2016; There has been treatment or conservative therapy.; Migraine Headache  Sinus Polyp; Imitrex, Ibuprofen	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	severe migraines, started in march 2016 and have gotten progressively worse. very light and sound sensitive and often lasts for a couple of days; 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	severe vertigo, new onset of mental confusion , recurrent falls;; 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	short term memory loss; 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	smell disturbance; 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 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.; 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
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.	3
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This patient came to clinic with complaints of dizziness and syncope with blackout episodes. Patient has cardiac history and cardiac workup was initiated at this time.; 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	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This was diagnosed 5 months ago. The course has been progressively worsening. Feels like he is having more memory loss and lots of stress, notes his BP has been elevated as well.; 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 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	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.	3

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	unknown; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	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; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered	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.; 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	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/28/16; There has been treatment or conservative therapy.; ; Patient was given prednisone taper and omnicef on 7/6/16	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	VISUAL DISTURBANCE.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	weight loss,bloody stools,confusion and disorientation; This study is 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 was seen in office 9-2 reporting weight loss of 40 pounds in 2 months.also is having bloody stools and confusion; There has been treatment or conservative therapy.; weight loss,bloody stools and confusion; 9-2 had labs drawn	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	worsening HA with flushing and fatigue; 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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2-3 weeks ago; There has not been any treatment or conservative therapy.; left ear and neck pain for the past 2-3 weeks, rule out temporal/mastoid problem (mastoiditis)or cervical neck problem	1

General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	. Patient here for continued monitoring of her interstitial lung disease. She is currently being treated by Dr. Meade for her lung complications. She is on a high dose prednisone therapy and has noted a significant amount of weight gain since starting ste; 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	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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,M AXILLOFACIAL 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

General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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,M AXILLOFACIAL 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.; Persistent cough and sinus infections since 06/01/2016; There has been treatment or conservative therapy.; persistent cough, allergic rhinitis infection non-resolving.; Patient has used sprivia, vistaril and promethazine-codeine.	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	acute sinusitis; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset	1

General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	ear 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.; MAY 12, 2016; There has been treatment or conservative therapy.; Pt has a facial rash, running fever, sinusitis, local lymphadenopathy, pain around ears and neck; Tamiflu, xrays, antibiotics	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Evaluation for sinus disease and structural issues given the sudden onset of symptoms.; This study is being ordered for a neurological disorder.; 05/27/2016; There has not been any treatment or conservative therapy.; Loss of smell and taste.	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Headache: Patient reports he's had a daily headache for at least the last 10 years. Patient reports he often wakes with headache, goes to bed with a headache. He reports that his headache started more than 10 years ago after he had sinus surgery for devia; This study is being 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	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	none given; This study is being ordered for a neurological disorder.; 7/11/2016; There has not been any treatment or conservative therapy.; Headaches	1

General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	patient complaining of persistent sinus issues--bad taste in mouth--chronic sinus drainage--chronic maxillary sinusitis; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (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,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had increasing dizziness and ringing in the ears for several months; she has had an enlarged lymphnode in the chin area for several weeks and she has a history of breast CA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; Patient has had increasing dizziness and ringing in the ears for several months; she has had an enlarged lymphnode in the chin area for several weeks and she has a history of breast CA	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	PRESSURE IN FACE,BRIGHT RED BLOODY DRAINAGE FROM NOSE; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	1

General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	PT NEVER HAD HISTORY OF HEADACHES; This study is being ordered for a neurological disorder.; 6 WEEKS AGO; There has been treatment or conservative therapy.; LEFT SIDED HEADACHE, DECREASE IN BALANCE, DIZZINESS AND LIGHTHEADED, LEFT EYE IS BLOODSHOT; OVER THE COUNTER MEDICATIONS	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	R/ O Cancer , recurrent sinusitis; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being 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	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	SINUS X-RAY: (Waters' view): no air-fluid level; extensive, maxillary, frontal mucosal thickening; This study is being 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

General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	sinusitis for over 6 weeks and has done several rounds of antibiotics with no relief, symptoms worsening and sinus tender to palpation.; This study is being 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,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This study is being ordered for post-operative evaluation.; This is a request for a Sinus CT.	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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.; 6/28/16; There has been treatment or conservative therapy.; ; Patient was given prednisone taper and omnicef on 7/6/16	1

General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	would like to get a CT of her sinuses secondary to headaches.I believe her headache could be related to her sinus problem since the headaches have become worse since she is off Flonase. A Flonase prescription was sent. On examination, she does not hav; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset	1
General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; pain, chest and neck pain; xray	1
General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	ear 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.; MAY 12, 2016; There has been treatment or conservative therapy.; Pt has a facial rash, running fever, sinusitis, local lymphadenopathy, pain around ears and neck; Tamiflu, xrays, antibiotics	1

General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had increasing dizziness and ringing in the ears for several months; she has had an enlarged lymphnode in the chin area for several weeks and she has a history of breast CA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; Patient has had increasing dizziness and ringing in the ears for several months; she has had an enlarged lymphnode in the chin area for several weeks and she has a history of breast CA	1
General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has been suffering from migraines & neck pain for several months. He has been going to a chiropractor since May with no relief.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown, pt has been seeing a chiropractor since May with no relief.; There has been treatment or conservative therapy.; neck pain; Migraines; Chiropractor	1
General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	R/ O Cancer , recurrent sinusitis; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being 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.; This is not 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.; There is not a suspicion of an infection or abscess.; This is not 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	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	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	1
General/Family Practice	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	re-evaluate known basilar and carotid artery stenosis-pt was recently seen in PCP's office-per PCP's office pt has same symptoms as in March, 2016; -dizziness; -memory loss; -weakness; This study is being ordered for Vascular Disease.; pt was seen in our office first on 3/9/2016; There has been treatment or conservative therapy.; unknown at this time, pt was last seen in our office on 4/20/2016; pt is on dual antiplatelet therapy as aspirin and plavix for known basilar and carotid stenosis	1

General/Family Practice	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Vascular Disease.; two months ago; There has been treatment or conservative therapy.; headache, syncope, dizziness, popping and sense of pressure in ears, jerking, passes out, seizures; medication	1
General/Family Practice	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	upper body weakness; This study is being ordered for Vascular Disease.; 06/2016; There has been treatment or conservative therapy.; weakness; pain and TIA's; antibiotic and he will be referred to a specialist	1
General/Family Practice	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	2
General/Family Practice	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Vascular Disease.; two months ago; There has been treatment or conservative therapy.; headache, syncope, dizziness, popping and sense of pressure in ears, jerking, passes out, seizures; medication	1
General/Family Practice	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	upper body weakness; This study is being ordered for Vascular Disease.; 06/2016; There has been treatment or conservative therapy.; weakness; pain and TIA's; antibiotic and he will be referred to a specialist	1
General/Family Practice	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the 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 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	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 6/24/2016; There has not been any treatment or conservative therapy.; fatigue, numbness, back pain,	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 >; There has not been any treatment or conservative therapy.; Pain	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.; ; There has been treatment or conservative therapy.; ;	1
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	headache and sinus ache; This study is 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 6 months ago; There has been treatment or conservative therapy.; patient has been having headache and sinus ache for 6 months; patient has been taking Cipro and Zyrtec	1
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	MD wants to r/o out rotator cuff tear; This study is being ordered for a neurological disorder.; 05/29/2016; There has been treatment or conservative therapy.; severe right shoulder pain with movements, neck pain not improved with pain medications or PT.; PT, medications	1

General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for Inflammatory/ Infectious Disease.; 4-5 years; There has been treatment or conservative therapy.; facial nerve pain to L side of face; antibiotics and pain meds.	3
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for trauma or injury.; 04/2016; There has been treatment or conservative therapy.; neck pain with numbness; physical therapy	1
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	patient is having bell's palsy with facial pain; There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	1
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	Patient is having neck pain. She pulled a muscle in her neck in March 2015. She also complains of low back 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	posterior neck pain and decreased ROM; "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	PT IS HAVING NECK PAIN, DIZZINESS, AND VOMITING; "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	Sudden onset neurological issues; This study is being ordered for a neurological disorder.; 9 days ago; There has been treatment or conservative therapy.; Sudden severe headache, loss of vision in rt eye, both eyes dilated; Treatment was started by ophthalmologist who recommends MRI	1
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	The pain radiates down into his arm. His had neuritis and had surgery. There is numbness in this area. My Ddx would include his known history of neuritis, HNP in the cervical spine with nerve root compression. Another consideration is brachial plexopathy, ; This study is being ordered for a neurological disorder.; 8/30/16; There has been treatment or conservative therapy.; severe neck and left shoulder upper arm pain for the past 3 days, he hurt it 4-5 months ago on riding lawn mower. Three months ago injured on the lawn mower. He felt multiple pops. He thinks he may have fractured some ribs. Three days ago began having cons; medication	3
General/Family Practice	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/21/2015; There has not been any treatment or conservative therapy.; ABDOMINAL PAIN	1

General/Family Practice	Disapproval	70544 Mr angiography head 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.; This migraine started 2 weeks ago; There has not been any treatment or conservative therapy.; migraine onset 2 weeks ago, pain is diffuse with no specific location, characterizes it as severe, associated symptoms include vomiting, worsening HA more now than ever before	1
General/Family Practice	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	Assessment#x0D; Headache (R51).#x0D; Patient Plan#x0D; His story is concerning for a cerebral aneurysm. However, I would expect his sx to be worse. I will set up a MRI and MRA of his brain to be on the safe side.; This study is being ordered for a neurological disorder.; aug 30, 2016; There has not been any treatment or conservative therapy.; William comes in reporting a headache for the last 2 weeks. It started after getting really mad. He felt a pop in his right forehead area. He then had a mild stinging type sensation. His right eye feels funny. His vision is fine. There is a mild pre	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 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	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.	4
General/Family Practice	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 01/1998; There has not been any treatment or conservative therapy.; headache, numbness and tingling and upper extremity	1
General/Family Practice	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	We are also ordering an MRI brain in addition to this scan; 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	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; 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	< 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

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.	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.; 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
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

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
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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.; headache, bilateral temporal, anxiety, and back pain; medication	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.; 4/22/2015; There has been treatment or conservative therapy.; neck pain and headaches; physical therapy	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.; Started when patient was a child; There has been treatment or conservative therapy.; Headache pain, light sensitivity, photo phobia, radiates pain into c spine.; Medication, physical therapy imitrex, midrin before was taken off market.	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.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

General/Family Practice	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 headache is described as sudden and severe.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; It is not known if there is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	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; It is not known if there has been a previous Brain MRI completed.	2

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	2
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1
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.; ;	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.; 11/20/2015; There has been treatment or conservative therapy.; migraine; chronic neck pain; acute sinusitis; chronic pain syndrome; cervical radiculopathy; pain meds	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.; AUGUST 1, 2002; There has been treatment or conservative therapy.; FOOT NUMBNESS, TINGLING, THUNDER HEADACHE, tenderness noted in the left lumbar paraspinous muscles;	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.; ; It is not known if there has 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.; 07/14/2016; It is not known if there has been any treatment or conservative therapy.; Ms. Griffith presents in follow up from clinic visit She was diagnosed with palpitations. The following lab tests were done: CBC (WNL), comprehensive metabolic panel (WNL), urine pregnancy test (-), thyroid panel: WNL. The following radiology te	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Assessment Headache (R51). Patient Plan His story is concerning for a cerebral anerysm. However, I would expect his sx to be worse. I will set up a MRI and MRA of his brain to be on the safe side.; This study is being ordered for a neurological disorder.; aug 30, 2016; There has not been any treatment or conservative therapy.; William comes in reporting a headache for the last 2 weeks. It started after getting really mad. He felt a pop in his right forehead area. He then had a mild stinging type sensation. His right eye feels funny. His vision is fine. There is a mild pre	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Billy G. Marcum is a 43 year old male. Source of patient information was patient. Patient states he is here for routine check up. Also states he needs a refill on his spiriva said it has been awhile since he has gotten that filled. Patient al; This 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	c-spine xray shows osteoporosis and DDD; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; For a few months.; It is not known if there has been any treatment or conservative therapy.; brain- Rt sided facial paralysis x 2-3wks; h/a cervical- weakness rue; radiculopathy; neck pain	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 IHPI:   Joni presents in follow up of her chronic pain. Time of onset of pain was years years ago. The pain is located in the neck, bilateral hands., and arms The event which precipitated this pain was Cys; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info GHPI:   Joni presents in follow up of her chronic pain. Time of onset of pain was years years ago. The pain is located in the neck, bilateral hands., and arms The event which precipitated	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Episodic right facial numbness. Suggestive of Ischemia; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	experienced some brief paralysis on my left side. I was unable to lift or move my leg and my arm.; This study is being ordered for a neurological disorder.; Persistently complains of left-sided paresthesia. She's also complained of right-sided paresthesias in the arm. She's had this for several months maybe even more than a year. She's had an MRI of her cervical thoracic lumbar and the brain which was inconcl; There has been treatment or conservative therapy.; Persistently complains of left-sided paresthesia. She's also complained of right-sided paresthesias in the arm.; We stopped several of her psychotropic medications including lamictal recently started Depakote and despite changing medication the symptoms returned indicating that it is not medication driven. Possible it may even be psychotropic meds no other abnormal	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Failed meds; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Frequent falls; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	HAS BEEN HAVING DIZZINESS ///CT OF HEAD WAS ABNORMAL /HISTORY IF 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
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Having severe HA with orgasam. Trying to rule out mass vs. aneurysm vs. increase in CSF!; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/19/2016; There has not been any treatment or conservative therapy.; headache and nausea with orgasam! HA lasts several days after.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	headache and sinus ache; This study is 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 6 months ago; There has been treatment or conservative therapy.; patient has been having headache and sinus ache for 6 months; patient has been taking Cipro and Zyrtec	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	HEADACHE, LIGHT SENSITIVITY, DIZZINESS; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Headaches on and off for a year. They are worsening and becoming more frequent recently, it is now a daily thing; This request 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	history of hearing loss, high blood pressure; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Involuntary movements, tremors, difficulty starting and stopping movements, difficulty walking at times. Has to remind self how to walk.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; It is unknown why this study is being ordered.	1

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

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Memory loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	migraine with aura increasing in intensity and more often; This 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	Mild cognitive impairment, so stated depression vs. other, his mom had Alzheimer's; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are not recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; Surgery is not planned within the next 4 weeks.; An operation for shunt placement (for brain fluid drainage) is not being considered or a non-metalic shunt is not functioning correctly.; The patient has a congenital abnormality.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Multiple head injuries as adolescent and adult.; This request 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	New daily persistent headache, started 2-3 weeks ago, daily headache, frontal area, moderate to severe, band-like, pressure, nausea. Patient has been on Naprosyn, Amitriptyline, Topiramate since 08/09/16 with little or no relief.; 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.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	NOne; 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	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.; worsening the last month, been to ER for h/a's.; There has been treatment or conservative therapy.; h/a's, dizziness, vision changes,; prescribed medication Ibuprophen, chiropractor,	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PARALYSIS TO RT SIDE FACE WITH VISION CHANGES AND DIZZINESS; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient gets dizzy with severe headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; The patient has NOT had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient had tia, right facial paresthesia, left hip pain; This study is being ordered for a neurological disorder.; 09/04/16; There has been treatment or conservative therapy.; tia, right facial paresthesia, left hip pain; cyclobenzaprine, ultram	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has a history of headaches that have returned with pain running down into neck at times; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PAtient has a history of migranes- states for years. This headache has lasted 4 days. It has been associated with nausea and photophobia. Points to top of head for location and it radiates down the back of head to his neck; This request 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 has been having numbness on the left side of face. Says she cannot feel anything sharp. First noticed about a month ago. Numbness is constant. No pain. No changes in vision. Sometimes notices she drools out corner of left side of mouth. No ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had headache for 4 months +. No cause found for headaches at this point. Patient positive for nausea, vomiting, and fatigue 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 has had surgery to correct ear drum, now can not hear. Looking for acoustic neuroma.; This request is for a Brain MRI; The study is 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
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has vetigo and dizzy 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 completed.; The results of the lab tests are unknown.; 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 being sent to neurologist for chronic headaches. will need MRI prior to first 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.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient is in severe pain with both shoulder and head!; This study is being ordered for trauma or injury.; 6 months ago; There has been treatment or conservative therapy.; Primary symptom photophobia for the head.   the shoulder primary symptom is shoulder stiffness.; naproxen 500mg PRN, ibuprofen 200mg PRN	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Posterior headaches occurring since July. The headaches will last anywhere from 2 hours to 3 days at a time. She has approximately 5+ headaches per month. he headaches are associated with nausea, vomiting, photophobia, phonophobia, tearing of the eyes, rh; This 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	PT CAME IN ON 3/29/16 GIVEN TOPAMAX REEVALUATED KON 7/8/16. STILL HAVING HEADACHES. NO PATTERN.; This 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	Pt fell hit head on shower; Xray normal; This study is being ordered for trauma or injury.; 6/17/16; There has not been any treatment or conservative therapy.; Neck pain; Headaches; Eye twitching; Left arm numbness & tingling	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has been having headaches for the last two months. they are intermittent and causing dizziness. pt has tried many OTC meds for migraines and none has helped. pt has been prescribed maxalt and topamax as of 8/4/2016.; 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

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has had memory loss in the past two weeks, and left sided numbness to the face.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	Pt has had migraines since age 11; h/a at the top of the head and radiating to the rt side of the head; take Excedrin migraines and 2 Tylenol which are not helping; has been having h/a everyday for the past wk; recent head ct was 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.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt reports falling in a grocery store injuring her back, neck, and head; This study is being ordered for trauma or injury.; 7.15/16; There has not been any treatment or conservative therapy.; Pain	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	recurrent headaches, He states he has had headaches at lease 2-3 times daily for the last few years. They typically start in the right orbital area and radiate to the base of the neck. He has seen an ENT doctor about6 this in the past as it was thought it; This 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	Seeing black and white spots Headaches lasting 3 weeks; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Seizure disorder; This request 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	Severe Headaches, and vision changes; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Sudden onset neurological issues; This study is being ordered for a neurological disorder.; 9 days ago; There has been treatment or conservative therapy.; Sudden severe headache, loss of vision in rt eye, both eyes dilated; Treatment was started by ophthalmologist who recommends MRI	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Suspected cervical changes; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; April 2016; There has been treatment or conservative therapy.; worsening headache, blurred vision, stiffness of neck, confusion; Medications	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	syncope/dizziness; loss of consciousness, abrupt onset without warning; no memory of accident; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient's nerve conduction study showed signs of an upper motor neuron lesion. The neurologist that read it, recommended MRI's.; This study is being ordered for a neurological disorder.; Two years ago, around July 2014; There has not been any treatment or conservative therapy.; Left leg weakness with foot drop, spasticity of left leg	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The pt is c/o new onset memory dysfunction s/p CABG. The pt suffered acute post-op renal failure and elevated liver enzymes. The pt is a concern for post-op encephalopathy and needs further evaluation to rule-out physiological 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 completed.; The results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This patient came in this afternoon complaining of a weird feeling in his left hand and left hand. He also complained about a headache that has been on the left side of his head. He complains about a tingling sensation of his left hand and left foot.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
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.	3
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam 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.; 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.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	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.	2
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	2
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the patient had a normal audiogram.; The patient is experiencing hearing loss.	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.; 6/27/2016; There has not been any treatment or conservative therapy.; SHORTNESS OF BREATH, SYNCOPE, LIGHT HEADEDNESS, SWEATING, DISORIENTED, LOSS OF TALKING ABILITY	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Weakness; 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	will fax clinicals; This 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	would like MRI to evaluate for hypothyroidism; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	"The ordering physician is not a surgeon, pulmonologist, or cardiologist."; It is not known if there is radiologic evidence of mediastinal widening.; With regard to the cough, it has been present for the past one week. Respiratory symptoms include chest congestion, cough and wheezing. Other symptoms include chest congestion, headache, nasal congestion and nasal discharge. Sputum is described as mode; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	"The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is no radiologic evidence of mediastinal widening.; cardiac work up has been negative for cardiac disease; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; 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	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.	2

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	4
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.; 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	< 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
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.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; pain, chest and neck pain; xray	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.; 06/20/2016; There has been treatment or conservative therapy.; CHEST PAIN ABDOMINAL PAIN /; PPI ABDOMINAL PAIN /ESOPHAGEL	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 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	; 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	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 been performed on the member in the past 3 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 4 exams are being ordered.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 09/01/2016; There has been treatment or conservative therapy.; chest pain, left lateral, seizures, joint pain in right hip radiating down leg; anti inflammatory medication	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	49 yo female noted to have lymphadenopathy in the neck, hepatomegaly on exam, intermittent fever, myalgias, oral ulcers. Please evaluate for signs of mass/malignancy.; 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	6 month f/u for 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	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Additionally, she presents with history of cough. it has been present for the past 2 weeks. Respiratory symptoms include chest congestion and cough. Other symptoms include nasal congestion and nasal discharge. Sputum is described as moderate in volume; A Chest/Thorax 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	Chronic 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	chronic cough & needs for cancer screening due to being a smoker; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; 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	Chronic Cough; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is 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	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	cough for several yrs and has seen a pulmonologist to r/o pulmonary lung disease for underlying reason for 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	enlarged lymph nodes at base of neck-growing after antibiotic treatment; smoker with COPD and unexplained weight loss; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pt with enlarged lymph nodes, unexplained weight loss, COPD, hyponatremia, smoker, dyspnea; There has been treatment or conservative therapy.; ; 06/27/2016 - given Bacrim DS for sore throat with enlarged lymph node	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	f/u to lump in lung (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
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	follow up 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
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Incidental finding of lung nodule three yrs back; "There is NO evidence of a lung, mediastinal or chest mass 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	It is not known if there is radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; Enter answer here - or Type In Unknown If#x0D;  PATIENT FELL IN HIS TRUCK BED, FEELS LIKE HE HAS SOMETHING BLOCKING HIS BREATHING.; 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	It is not known if there is radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; Patient presented with right sided rib pain on 6/28/16. States he injured it on a slip and slide on week prior. Chest xray demonstrated no fracture, treated with NSAIDs. Returned to clinic on 7/20/16 with right side rib pain. States the pain is improving s; 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	Left Lower Lobe lesion/air space shown on chest xray; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	lung nodules present; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	NAUSEA, ABDOMINAL PAIN,; 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	Neoplasm of lung; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for Inflammatory/ Infectious Disease.; 06/24/2016; There has been treatment or conservative therapy.; abd pain, diarrhea for a month, change in bowel habits; antibiotics	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	on physical exam patient had irregular heartbeat/palpitations, flushes; A Chest/Thorax 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 chronic cough, Pain in the chest under the ribs; 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 chronic emphysema, atherosclerotic cardiovascular changes, right middle lobe, atelectasis, abnormal x-rays.; A Chest/Thorax 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 COPD and is a smoker. He has a chronic cough and wheezing and is coughing up sputum which is purulent.; 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 history of breast cancer; sudden onset of severe pain.; "There is NO evidence of a lung, mediastinal or chest mass 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 is having chest pain, shortness of breath that is not heart related. ruling out a 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 is having pain in the chest that radiates into her back and she is having shortness of breath.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient is having shortness of breath and is a smoker. Patient has family history of 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	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	patient with intermittent chest pain (non cardiac) needs Ct chest; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Persistent cough.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	possible cancer; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Pt had a ct scan last year with suspicious nodules. a 6 month f/u was recommended...pt returned to clinic for a cough and weight loss ... so we need to do a ct scan for followup; "There is NO evidence of a lung, mediastinal or chest mass 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 chest pain of unknown etiology.; A Chest/Thorax 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	Pt has had previous xrays which showed that mild degenerative disc disease and mild anterior wedging of lower vertebral. An MRI is needed for further evaluation.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/07/2016; There has been treatment or conservative therapy.; Back:␣; Tenderness on palpation with radiculopathy down left leg, of the middle back, of the lower back, and muscle spasm of the lower back.; He has been treated with medication that has not helped. cyclobenzaprine 10 mg ␣; meloxicam 15 mg ␣; tramadol 50 mg tablet	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	screening for venereal 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	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; ; 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	There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; patient injured himself after pushing a pallet into a truck and hit the tail gate; 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	There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; ; "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	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.; coughing up blood; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Mr. Bracy is here for pain in his collar bones, he has been having pain on/off in his groin and his neck/clavicular area. He was referred to orthopedics at one point for his neck and groin pain but he wanted to cancel it. He had XRs done of both hips/femu; "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	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.; patient has had cough since 4/12/16. no change after oral antibiotics, cough meds.; "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	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.; Patient was hospitalized at WRMC 2 months ago for respiratory failure and aspiration pneumonia. Those records have been reviewed. He states that he has had problems since then and feels that he has been short of breath, having DOE, orthopnea, productive 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.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Pt has been having left upper chest pain for four years. Very tender in this area; "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	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.; Pt suffers with chronic cough.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Underweight/weight loss. Need to evaluate for underlying malignancy. Refer to OB/Gyn for pelvic/ovary check/Pap, mammogram, colonoscopy, and CT scan to evaluate for lung malignancy given extensive smoking history. Refer for bone density scan as she is pos; 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	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; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/18/16; There has not been any treatment or conservative therapy.; nausea, fever, diarrhea, vomiting, numbness and tingling of right hand, right side upper abdominal pain and has been diagnosed w/ pleurisy	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.; 8/4/16; There has not been any treatment or conservative therapy.; Pt has unexplained 30 lb weight loss over the last 3-4 months, fatigue, some abdomen pain,	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	weight loss,bloody stools,confusion and disorientation; This study is 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 was seen in office 9-2 reporting weight loss of 40 pounds in 2 months.also is having bloody stools and confusion; There has been treatment or conservative therapy.; weight loss,bloody stools and confusion; 9-2 had labs drawn	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	X-ray non conclusive.; 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	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1
General/Family Practice	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	62 yo female noted to have a 4.2 cm ascending thoracic aneurysm, please evaluate for stability. Please also confirm stability of her pulmonary nodules too. Thanks!; 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	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	C/o SOB while lying in supine position X1 week. Denies cough or congestion. Increased SOB today. Patient has cardiac hx.; 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	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	evaluate tuberculosis treatment; This study is not requested to evaluate suspected pulmonary embolus.; It is not known if this study will be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1

General/Family Practice	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	pain under ribs; costochondritis; 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
General/Family Practice	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	Stable aneurysm of the ascending thoracic aorta 4.2 cm caliber.; 2. Stable small noncalcified nodules in both lungs, encouraging for benignity. Follow up CT in 6 months is recommended.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1
General/Family Practice	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 6/24/2016; There has not been any treatment or conservative therapy.; fatigue, numbness, back pain,	1
General/Family Practice	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

General/Family Practice	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Numbness in bilateral lower extremities and feet, returning symptom since surgery was done. Constant neck pain.; Physical therapy, pain medication, muscle relaxer, NSAIDS	1
General/Family Practice	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	c/o pain in the right shoulder pain which seems to be getting worse, the joint has started to pop and crack with certain types of motion, and the pain is getting worse with certain positions that the shoulder is in. Of note is that the shoulder will ofte; 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	Chest MRI is needed for brachial plexus injury. Tingling of the left arm and of the left hand. Left shoulder numbness. Unable to straighten the left wrist, midline upper back pain, lower back pain radiating to the right buttock, and acute. Strength 1/5 in; This study is being ordered for trauma or injury.; 09/09/2016; There has not been any treatment or conservative therapy.; Tingling of the left arm and of the left hand. Left shoulder numbness. Unable to straighten the left wrist, midline upper back pain, lower back pain radiating to the right buttock, and acute. Strength 1/5 in left wrist. Light touch sensation is diminished	1

General/Family Practice	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	non given; This study is being ordered for Inflammatory/ Infectious Disease.; his back pain has been going on since 10/19/15.; There has been treatment or conservative therapy.; his primary symptoms are low back pain and now pain in the thoracic spine.; he has done physical therapy did not work. Has tried medication and is not working.	1
General/Family Practice	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	This is a request for a chest MRI.	2
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 neurological disorder.; nov 25 2015; There has been treatment or conservative therapy.; neck pain, chronic migraine w/o - if puts pressure on it pain stops; Medication	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 neurological disorder.; Unknown; There has been treatment or conservative therapy.; neck mass and back pain; PT and medication	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 Congenital Anomaly.; low back pain 9/11/2016; There has been treatment or conservative therapy.; back pain with joint stiffness, bulging disc pain with position changes, lumbar pain radiating to right hip; medication, history of bulging disc.	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 Inflammatory/ Infectious Disease.; 8/4/16; There has been treatment or conservative therapy.; neck pain, back pain,; medication	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.; 2014; There has not been any treatment or conservative therapy.; 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	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2-3 weeks ago; There has not been any treatment or conservative therapy.; left ear and neck pain for the past 2-3 weeks, rule out temporal/mastoid problem (mastoiditis)or cervical neck problem	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; pt was in an MVA, hit head on and has pain in neck, mid back and a knot on her right hand; There has not been any treatment or conservative therapy.;	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1

General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Arthrodesis 14 years ago, new worsening of neck pain, radiculopathy symptoms and weakness in hands x 3 months, RLE occasionally drag and numbness x 1 month.; 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	CLINICAL NOTES UPLOADED; 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	h/x of 5 lumbar surgeries last one was in 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.; 8/3/16; There has been treatment or conservative therapy.; Pt has left flank pain, and mid back pain that radiates to under shoulder blades, chronic neck pain,; medications	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	MVA- SINGLE OCCUPANT- HIT DITCH 1.CONCUSSION 2.VISION CHANGES 3.RINGING IN EARS 4.MYALGIAS 5.CRAMP OF LIMBS 6.TORTICOLLIS 7.ABD WALL TENDERNESS 8.WHIPLASH  2.SYNCOPE WITHOUT WARNING; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1

General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Neck mass, changing in size. Noted 4 months ago and moderate intensity.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to suspected tumor with or without metastasis.; There is no evidence of tumor or metastasis on a bone scan or x-ray.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	numbness in left side; This study is being ordered for a neurological disorder.; aug 1st was the last episode; It is not known if there has been any treatment or conservative therapy.; numbness	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	patient has also been scheduled for a nerve conduction study of his lower ext; This study is being ordered for trauma or injury.; unknown; There has not been any treatment or conservative therapy.; patient has had previous neck surgery in the past, and has recently started hurting. in office xray showed fusion C5-7 w/wire in post spinous process and DJD, and his L spine xray showed DJD L5-S1 w/spondylolisthesis	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had neck and shoulder pain for longer than 12 months. It is interfering with work and sleep.; 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 had previous neck surgery with a fusion at C5-7 w/wire in post spinous process and DJD in the L5S1 w/ spondylolisthesis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; neck pain with limited range of motion and low back pain; medication and home exercise	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	patient has headache, numbness to face, neck and low back pain and burning throughout body; This study is being ordered for a neurological disorder.; 02/09/16; There has been treatment or conservative therapy.; numbness in face, headache, ddd c-spine and l-spine, burning throughout body; steroid shot, pain medication	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	patient having left lower extremity radiculopathy, pain in the jaw,; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	patient is c/o neck pain. states when she bends her head forward there is extreme 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

General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is experiencing neck and arm pain due to fall and hitting head on floor. Patient is having numbness radiating to left arm. Patient is also having headaches and pain to neck when hyperextended.; 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 WAS IN A MVA AND HAS CHRONIC NECK PAIN.; The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has not been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	PLEASE SEE CLINIC NOTES UPLOADED; 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	pt c/o constant pain in neck and rt shoulder and arm. also c/o numbness and tingling. decreased ROM.; 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 had 2 previous back surgeries and injections to neck, wants to see a spine specialist, but will have to have tests before she can be seen, pt cannot have an mri due to pacemaker; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; neck pain with tenderness to midline thoracic area, restriction of motion; pain medications, anti-inflammatories, injections to neck	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	pt states he has had xrays that show ruptured discs; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; ongoing back and neck pain; medications anti-inflammatory Mobic, tramadol, and flexeril	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Pt suffers post-cervical neck mass.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	r/o possible infectious disease or 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.; unknown; There has not been any treatment or conservative therapy.; pain and soreness in the neck; nodules in neck, chest and abdomen; palpable liver enlargement	1

General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	tenderness to lower paraspinal cervical area and posterior bilateral shoulders; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.; pain in neck that worsens with movement and radiates to posterior shoulders b/l with tingling, history of migraines, but pt reports increase in frequency and worsening of pain since MVA	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There 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
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; The patient is experiencing or presenting symptoms of lower extremity motor weakness documented on physical exam.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	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.	1

General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has not been any treatment or conservative therapy.; pain	1
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/1/16; There has been treatment or conservative therapy.; low back pain radiating numbness of the right side; over the counter medication	1
General/Family Practice	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 trauma or injury.; 2007; There has been treatment or conservative therapy.; pain 9 out of 10, in upper and lower extremities. Pain in back. Worsening, and is at its worst at night.; Chiropractor visits, no xrays. MVA in 2007. No imaging or surgeries from MVA. Pain is worsening. Worse at night.	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.; pt was in an MVA, hit head on and has pain in neck, mid back and a knot on her right hand; There has not been any treatment or conservative therapy.;	1

General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	1. Back pain  Onset: 1 month ago. Severity level is severe. It occurs persistently. Location of pain is middle back and lower back. Pain is radiated to the back. The patient describes the pain as an ache, localized and sharp. Context: motor vehicle accid; This study is being ordered for trauma or injury.; 05/22/2016; There has been treatment or conservative therapy.; BACK PAIN; CHIROPRACTOR/HYDROCODONE	1
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	h/x of 5 lumbar surgeries last one was in 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.; 8/3/16; There has been treatment or conservative therapy.; Pt has left flank pain, and mid back pain that radiates to under shoulder blades, chronic neck pain,; medications	1
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	mid-back pain since date:May 2016  Medications/Therapy used:meloxicam, flexeril, tylenol #3  Xray showed very mild dextroscoliosis; 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	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for a neurological disorder.; 05/18/2016; There has been treatment or conservative therapy.; Pain and numbness radiating down bilateral legs; Home therapy anti inflammatory medication	1

General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2015; There has been treatment or conservative therapy.; Pt c/o low back pain, hip pain, radiating to lower extremities and joint pain.; Rx and is scheduled for PT.	1
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had negative x-rays and needs additional imaging to help diagnose 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.; April of 2016; There has been treatment or conservative therapy.; Pain that radiates down her leg.; Patient has had 6 weeks of physical therapy and NSAIDS with no improvement.	1
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	pt has had 2 previous back surgeries and injections to neck, wants to see a spine specialist, but will have to have tests before she can be seen, pt cannot have an mri due to pacemaker; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; neck pain with tenderness to midline thoracic area, restriction of motion; pain medications, anti-inflammatories, injections to neck	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	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	will fax clinicals; 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	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 Congenital Anomaly.; low back pain 9/11/2016; There has been treatment or conservative therapy.; back pain with joint stiffness, bulging disc pain with position changes, lumbar pain radiating to right hip; medication, history of bulging disc.	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 Inflammatory/ Infectious Disease.; 8/4/16; There has been treatment or conservative therapy.; neck pain, back pain,; medication	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.; 2014; There has not been any treatment or conservative therapy.; pain	1

General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2007; There has been treatment or conservative therapy.; pain 9 out of 10, in upper and lower extremities. Pain in back. Worsening, and is at its worst at night.; Chiropractor visits, no xrays. MVA in 2007. No imaging or surgeries from MVA. Pain is worsening. Worse at night.	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.; 07/19/2015; There has been treatment or conservative therapy.; Radiculopathy in the lumbar region with sciatica. Pain is radiating in lower back. Pt had recent xray that showed avascular necrosis on the right hip.; Pt has been on pain medication but is worsening.	1
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	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	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	1. Back pain  Onset: 1 month ago. Severity level is severe. It occurs persistently. Location of pain is middle back and lower back. Pain is radiated to the back.The patient describes the pain as an ache, localized and sharp. Context: motor vehicle accid; This study is being ordered for trauma or injury.; 05/22/2016; There has been treatment or conservative therapy.; BACK PAIN; CHIROPRACTOR/HYDROCODONE	1

General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for a neurological disorder.; 05/18/2016; There has been treatment or conservative therapy.; Pain and numbness radiating down bilateral legs; Home therapy anti inflammatory medication	1
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	Patient has had negative x-rays and needs additional imaging to help diagnose 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.; April of 2016; There has been treatment or conservative therapy.; Pain that radiates down her leg.; Patient has had 6 weeks of physical therapy and NSAIDS with no improvement.	1
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	patient has headache, numbness to face, neck and low back pain and burning throughout body; This study is being ordered for a neurological disorder.; 02/09/16; There has been treatment or conservative therapy.; numbness in face, headache, ddd c-spine and l-spine, burning throughout body; steroid shot, pain medication	1

General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	Pt has had previous xrays which showed that mild degenerative disc disease and mild anterior wedging of lower vertebral. An MRI is needed for further evaluation.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/07/2016; There has been treatment or conservative therapy.; Back:; Tenderness on palpation with radiculopathy down left leg, of the middle back, of the lower back, and muscle spasm of the lower back.; He has been treated with medication that has not helped. cyclobenzaprine 10 mg ; meloxicam 15 mg ; tramadol 50 mg tablet	1
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	pt states he has had xrays that show ruptured discs; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; ongoing back and neck pain; medications anti-inflammatory Mobic, tramadol, and flexeril	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.	9
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.	2
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		4
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for 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.; can not right arm very high and right hand is numb	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.; left side upper extremity weakness and numbness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	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.; Upper extremity weakness with severe pain in the neck and stiffness. Pain with 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
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.; fatigue fever; The patient does 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 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.; 05/2013; There has been treatment or conservative therapy.; Pt suffers with chronic neck and back 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 a neurological disorder.; 11/2015; There has been treatment or conservative therapy.; Pain, weakness.; PT	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.; several years worsening symptoms; There has been treatment or conservative therapy.; worsening neck and back pain, patient described the pain as unbearable. patient is also experiencing tingling in hands; xray , 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 Inflammatory/ Infectious Disease.; 2/1/2016; There has been treatment or conservative therapy.; muscle spasms, tenderness in neck and lower back, pain with movement, feels like bone is rubbing together, grinding sound when he moves; hot and ice packs, Valium, Prednisone and Naproxen	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 >;	4
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; headache, bilateral temporal, anxiety, and back 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 something other than: known trauma or injury, metastatic disease, a neurological 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.; I shoulder pain, neck pain; home exercises, 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 something other than: known trauma or injury, metastatic disease, a neurological 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.; mbr has aching burn sharp pain joint tenderness and numbness in the back and pain in knees and shoulders and PT is not working along with Chrio; medication for pain and pain management doctor	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 >; 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.; ; It 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.; ; There has not been any treatment or conservative therapy.; pain, numbness	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.; 01/25/2016; There has been treatment or conservative therapy.; pain in c-spine and t-spine; physical therapy hot pack / cold pack 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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/12/2016; There has not been any treatment or conservative therapy.; headaches to back of head, left shoulder pain and gone through PT without results.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/05/15; There has been treatment or conservative therapy.; Pt suffers with back pain, and/or other cervical spine issues.; Pain management, PT and 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.; 4/22/2015; There has been treatment or conservative therapy.; neck pain and headaches; 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.; 7/2016; There has not been any treatment or conservative therapy.; pain in neck and back	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.; 7/28/16; There has been treatment or conservative therapy.; Back Pain , tendinitis , ankle 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 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.; chest pain. heart racing. ekg and echo came back normal. xray showed scoliosis.; ER a couple times. Urgent care clinic. Chest pain, and will be putting on a heart monitor. Wellbutrin.	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.; m96.1 a few years ago; There has been treatment or conservative therapy.; constant neck pain, aggravated with movement, low back pain; physical therapy, 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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Started when patient was a child; There has been treatment or conservative therapy.; Headache pain, light sensitivity, photo phobia, radiates pain into c spine.; Medication, physical therapy imitrex, midrin before was taken off market.	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; There has not been any treatment or conservative therapy.; neck and back pain, thoracic scoliosis	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.; 5/18/2016; There has been treatment or conservative therapy.; tenderness of C Spine, pain c motion, decreased ROM; PT	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.; 8/19/2016; There has not been any treatment or conservative therapy.; had a 4 wheeler accident-Friday and is having issues. went to ER did lose consciousness-	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.; She doesn't know; It is not known if there has 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 trauma or injury.; 8-12-16; There has not been any treatment or conservative therapy.; severe pain	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	3

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.; hard to grip objects numbness in hands and arms; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical 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 cervical area; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
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.; weakness in neck and arms. head and arms are sore; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has 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	; 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	; 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 went to PT for her neck which would relieve it for the day only. She has not had imaging. The neck pains started 10 years ago. She says the pain goes all the way down her spine. Her arms sometimes become numb and weak.She says she had an X-ray on t; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been 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 not been any 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.; 05/07/2014; There has been treatment or conservative therapy.; Severe pain in back and neck. Numbness and tingling. Pain in to groin area.; Patient has been on muscle relaxers, cannot do therapy due to severity of pain. Has had kenalog/toradol inj	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.; 09/04/2016-09/14/2016; There has been treatment or conservative therapy.; Chronic diffused pain in his lower and upper back.; Patient was given hydrocodone 7.5 MG and naproxen 500 MG.	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.; 10/2015; There has been treatment or conservative therapy.; Pt suffers with neck and upper back pain.; NSAID's	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 11/20/2015; There has been treatment or conservative therapy.; migraine; chronic neck pain; acute sinusitis; chronic pain syndrome; cervical radiculopathy; pain meds	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.; AUGUST 1, 2002; There has been treatment or conservative therapy.; FOOT NUMBNESS, TINGLING, THUNDER HEADACHE, tenderness noted in the left lumbar paraspinous muscles;	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.; September 2015; 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.; UNKNOWN; There has not been any treatment or conservative therapy.; PARESTHESIA, RIGHT UPPER AND LEFT UPPER, TREMOR, COGNITIVE DELAY	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 Inflammatory/ Infectious Disease.; 03/2016; There has been treatment or conservative therapy.; left shoulder burning , pain , radiation down arm , posterior neck piain; injections, meds	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.; ; It is not known if there has been any 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 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	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.; shoulder pain; 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.; 07/14/2016; There has been treatment or conservative therapy.; Pain in neck and shoulder, elicited by motion. Unable to lift shoulder all the way. Xray shows abnormalities on the C spine; Steroid injection, Medrol pak, cyclobenzaprine	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.; 2009; There has been treatment or conservative therapy.; Chronic Back Pain since 2009. Has new onset of radiculopathy down to toes; TESI x 3  Nsaids Steroids	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 MONTH AHO; There has been treatment or conservative therapy.; Upper back pain noted. The discomfort is most prominent in the thoracic spine. This radiates to the right shoulder. He characterizes it as constant, severe, dull, and aching. This is a chronic problem, with essentially constant pain. He states that t; He has not found anything that helps relieve the pain. Medical history is significant for back surgery, Low Lamectomy of L4-L5 and herniated disk on mri lumbar.   Synthroid 0.05mg Tablet Take 1 tablet(s) by mouth daily  Antara 130mg Capsules Take 1 c	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 states she has been having low back pain for several years and neck pain with headaches but it intensified when she had a mva. She states she had the pain bf she had the mva so it wasn't caused by that; There has been treatment or conservative therapy.; low back pain that has developed radicular pain down the right leg and cervical pain with headaches; patient has had out patient physical therapy without relief she has also taken nsaid, pain medication, heat and rom exersizes at home	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; 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 trauma or injury.; ; It is not known if there has been any 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 trauma or injury.; ; 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 trauma or injury.; 09/01/2016; There has been treatment or conservative therapy.; Tenderness, decreased ROM, crepitus, neck pain, numbness, spasm, shoulder pain, arm pain, myalgias, arthralgias; Medrol dosepak, naprosyn, flexeril, zanaflex, norco	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.; history of fall injury one year ago; There has been treatment or conservative therapy.; chronic pain in neck and upper back; pt was receiving pain management (oral narcotics)	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Anterior flexion and hyperextension at cervical spine causes neck pain radiates to upper extremities. Bilateral Spurlings test positive .The pain in lower back is worsening with numbness and weakness to extremities. MRI Cervical and Lumbar Spine is reques; This study is being ordered for a neurological disorder.; 09-25-2014; There has been treatment or conservative therapy.; Numbness and weakness to upper and lower extremities. Radiating pain to extremities; Cervical and Lumbar Epidural Steroid Injection, Nerve Root Block,medication therapy and home exercise program	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	back pain with numbness in arms; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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 and L Spine pain, Bilat Upper Extremity Radiculopathy, Paresthesia to Bilat Hands/Arms; This study is 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 one year; There has been treatment or conservative therapy.; C Spine and L Spine pain, Bilat Upper Extremity Radiculopathy, Paresthesia to Bilat Hands/Arms; History of surgery 2-3 years ago	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	C6-C7 FUSION, C5-C6 NECK FUSION IN 2004, L3 TEAR AND HERNIATION, PAIN RADIATES DOWN BOTH LEGS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/9/2016; There has been treatment or conservative therapy.; WEAKNESS, LOWER EXTREMITY BILATERAL PAIN, LOW BACK PAIN, TROUBLE MOVING AROUND (WALKS WITH CANE). SENSATION WITH TENDERNESS TO GROIN.; FOUR WEEKS OF PHYSICAL THERAPY	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Cervical disc degeneration C4-C5, C5-C6; 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.; 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.; Tylenol with Codeine #3	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	cervical radiculopathy; This study is being ordered for trauma or injury.; 9/5/2016; There has been treatment or conservative therapy.; elbow pain for past two months, bilateral hip pain radiating down LE; medications	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	c-spine xray shows osteoporosis and DDD; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; For a few months.; It is not known if there has been any treatment or conservative therapy.; brain- Rt sided facial paralysis x 2-3wks; h/a cervical- weakness rue; radiculopathy; neck pain	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	decreased hearing; seizures; This study is being ordered for a neurological disorder.; 01/15/2016; There has not been any treatment or conservative therapy.; hep c; hypertension; neuropathy	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 IHPI: 
 Joni presents in follow up of her chronic pain. Time
of onset of pain was years years ago. The pain is located in
the neck, bilateral hands., and arms The event which
precipitated this pain was Cys; This study is being ordered
for something other than: known trauma or injury,
metastatic disease, a neurological disorder, inflammatory or
infectious disease, congenital anomaly, or vascular disease.;
; It is not known if there has been any treatment or
conservative therapy.; Describe primary symptoms here - or
Type In Unknown If No Info GHPI:   Joni
presents in follow up of her chronic pain. Time of onset of
pain was years years ago. The pain is located in the neck,
bilateral hands., and arms The event which precipitated

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	experienced some brief paralysis on my left side. I was unable to lift or move my leg and my arm.; This study is being ordered for a neurological disorder.; Persistently complains of left-sided paresthesia. She's also complained of right-sided paresthesias in the arm. She's had this for several months maybe even more than a year. She's had an MRI of her cervical thoracic lumbar and the brain which was inconcl; There has been treatment or conservative therapy.; Persistently complains of left-sided paresthesia. She's also complained of right-sided paresthesias in the arm.; We stopped several of her psychotropic medications including lamictal recently started Depakote and despite changing medication the symptoms returned indicating that it is not medication driven. Possible it may even be psychotropic meds no other abnormal	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	going on for 3 months -pain in left flank and neck radiates to left arm, right eye and left eye, aching/numb, sharp shooting stabbing; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	Increasing neck and back pain that has progressively gotten worse over time and is not being controlled with rest, activity modification and medication(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.; 6-22-16; There has been treatment or conservative therapy.; Neck and Low Back pain that radiates to upper and lower extremities. Pain is numbness, tingling, aching and sharp in nature.; Medication therapy, home exercise program, TENS unit. Epidural Steroid Injections.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	injury in past May 2016; has done HEP; This is a request for cervical 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.	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; 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.; Dr Tilley requested an MRI of Cervical spine for ancillary magmt and possible epidurals.	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.; neck pain, getting worse, very limited motion, has had pain meds	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.; pain during examination	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.;	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; Patient seen by us for first time with these complaints. States she has tried medication without relief. This is ongoing problem for her.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.;	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; 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.; Patient has been seen by pain management specialist in the past and is currently being referred to pain management and m=needs MRI for appointment.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Mr. Riggs says that he may have injured his neck/shoulder during a fall. Patient describes myofascial pain in soft tissues above medial left scapula and base of left posterior skull. He also reports myofascial discomfort and intermittent muscle spasms in ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	muscle aches and back pain; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; limited ROM; lower back and neck; nsaids, muscle relaxers, steroids	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	NCS was normal but describes neuropathy type pain. Psitive for numbness.; 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.; Neurological,He displays abnormal reflex	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Neck pain, and it radiates to shoulder blade; 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	Neck pain.. History of cervical spine CT abnormal Degenerative disc disease most severe at c5-c6 and c6-c7. There are areas of spinal and neural foraminal stenosis. This is most severe at the right paracentral aspect of c5-c6.; This is a 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	NERVE IMPINGEMENT OR DISC DISPLACEMENT; This study is being ordered for a neurological disorder.; 06/15/2016; There has been treatment or conservative therapy.; NECK PAIN WITH LEFT CHEST WALL PAIN RADIATING FROM THE BACK TO THE FRONT.; REFERAL TO NEUROLOGIST, LAB WORK, AND MEDICATION GABAPENTIN FOR NERVE PAIN.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Neurovascular: sensation intact to light touch and pain; brisk femoral pulse with 2/4 patellar and Achilles deep tendon reflexes and intact superficial reflexes;  Muscular Strength: 5/5 graded muscle strength of the iliopsoas, quadriceps, hip adductors, ; This study is being ordered for trauma or injury.; Low back pain noted. The discomfort is most prominent in the mid thoracic spine and in the mid lumbar spine. This radiates to the buttocks and right calf. He characterizes it as constant, intermittent, moderate in intensity, and sharp. This is a chron; There has been treatment or conservative therapy.; PT C/O NECK PAIN, Neck pain details; the location of discomfort is posterior. It radiates to the intrascapular area, shoulders, and arms. The pain is characterized as moderate in intensity, intermittent, and sharp. Initial onset was 2 months ago.crepi; PT HAS HAD PHYSICAL THERAPY, STEROIDS, HEAT AND ICE.	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	new onset hemiparesis; This study is being ordered for a neurological disorder.; 7/21/16; There has been treatment or conservative therapy.; Muscle weakness, chronic pain, Low back pain, new onset hemiparesis and inability to illicit reflexes Left Leg and decreased sensation to touch and inability to walk on left leg and move left arm. very weak grip left hand; patient sees pain management and neurologist	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 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	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.; can't grip things well with hands numbness in hands; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
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.; Not able to grip, tingling and numbness in arms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; worsening the last month, been to ER for h/a's.; There has been treatment or conservative therapy.; h/a's, dizziness, vision changes,; prescribed medication Ibuprophen, chiropractor,	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.; 04/2016; There has been treatment or conservative therapy.; neck pain with numbness; physical therapy	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness in both hands; This study is being ordered for a neurological disorder.; more than 6 years ago; There has been treatment or conservative therapy.; numbness in both hands, ddd in cervical and thoracic spine, back pain chronic.; prednisone, diclofenec and tramadol	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain in neck and upper back with numbness in hands.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain meds; This is a request for cervical spine MRI; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient complains of shoulder pain. Pt would like to discuss having an MRI done. She complains of right shoulder pain. It radiates to the arm and neck. The pain initially started 3 months ago. The apparent precipitating event was Shoulder/ arm pain be; This study is 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; It is not known if there has been any treatment or conservative therapy.; Patient complains of shoulder pain. Pt would like to discuss having an MRI done. She complains of right shoulder pain. It radiates to the arm and neck. The pain initially started 3 months ago. The apparent precipitating event was Shoulder/ arm pain be	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient deals with lack of sleep due to constant pain. Patient has more pain when standing and her job requires her to stand most of the day.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Initial onset was age 14 when diagnosed with DDD.; She is now age 21.; There has been treatment or conservative therapy.; Degenerative Joint Disease. Severe pain from top of neck to tailbone. Doctor will also do an arthritis panel because patient also complains of pain in her other joints.; Pt has had Physical Therapy in the past and NSAIDS. Pt had xrays or C-spine, L-spine & T-spine. Last MRI was age 14 when diagnosed with DDD. She has not yet seen a neurosurgeon.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient diagnosed with Cushing 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.; more than 1 year; There has been treatment or conservative therapy.; chronic back and hip pain; PT last year	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient did not have a complaint of back pain and the visit, only neck pain, stiffness and headache.; This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has a history of 4 previous back surgeries. Patient needs an MRI with and without contrast to determine if further surgical repairs are necessary.; This study is being ordered for a neurological disorder.; 2007; There has been treatment or conservative therapy.; Increasing numbness and tingling throughout her left upper extremity and burning with throbbing in the right lower extremity and foot. She is currently under the care of pain management for oral medication treatments. Radiating neck pain in trapezius and ; 6 weeks of Physical Therapy-which didn't help.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has been in a few times for neck pain and failed steroids per MD he would like an MRI; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has had chronic neck and back pain. pain meds are not helping anymore.; This study is being ordered for a neurological disorder.; pain has been going on since 2014; There has been treatment or conservative therapy.; neck pain with radiculopathy, low back pain that is chronic; patient has done exercise therapy, medications such as pain meds and NSAIDS	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAS HISTORY OF FALL NOT SURE DATE OF FALL; This study is being ordered for a neurological disorder.; PROVIDER REQUESTING MRI'S; It is not known if there has been any treatment or conservative therapy.;; NECK, MID AND LOW BACK PAIN, RIGHT ARM RADICULOPATHY, NUMBNESS BILATERAL ARMS AND FEET	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has neck pain since 03/2016 Patient has had physical therapy twice and failed, 3/2016, and 6/2016.; This is a 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 neck pain, left arm tingling, trimmers, tenderness to neck,;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.;; left arm weakness,;; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has neck, mid, and low 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.; 09/10/2016; There has been treatment or conservative therapy.; ddd c-spine, l-spine, and t-spine, back strain; naproxen and percocet	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has worsening back pain with a new onset of neuropathy bilateral, with leg weakness. Needs referral to Neurosurgeon for discussion of further treatment options. MRI's required before appointments can be made.; This study is 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 with worsening symptoms.; There has been treatment or conservative therapy.; Severe back pain and stiffness. Neuropathy down legs bilateral. Weakness of muscles.; Xrays and OTC medications.	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. Imaging is needed to determine further treatment options.; This study is being ordered for a neurological disorder.; 2009; There has been treatment or conservative therapy.; Tingling of the lateral right arm and left leg. Burning sensation in left leg and foot. Neck pain on right side that radiates down right arm and is chronic duration. Right upper back pain, midline, and lower back pain chronic duration. Pain demonstrated w; Physical Therapy-which didn't help.	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient is having paresthesia of the right upper extremity; This study is being ordered for a neurological disorder.; 04/23/16; There has been treatment or conservative therapy.; cervicgia, right shoulder pain, paresthesia; patient has taken aspirin	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is having right sided weakness as well as headache associated with neck pain.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Moderate right upper extremity weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient was in a mva 11/2013 broken collar bone, broken ribs; This study is being ordered for trauma or injury.; 11/2013; There has been treatment or conservative therapy.; neck pain, lower back pain; medications	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Prev surgery on lt shoulder decreased ROM and pain from neck to upper back with Radiculopathy; This study is being ordered for trauma or injury.; 07-25-2016; It is not known if there has been any treatment or conservative therapy.; Neck, lt shoulder and upper back pain from MVA	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt fell hit head on shower; Xray normal; This study is being ordered for trauma or injury.; 6/17/16; There has not been any treatment or conservative therapy.; Neck pain; Headaches; Eye twitching; Left arm numbness & tingling	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt had xrays done; This study is being ordered for Inflammatory/ Infectious Disease.; about a month ago; There has not been any treatment or conservative therapy.; Pt has numbness and tingling in arms and legs, neck pain and back pain	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PT has been ordered; This study is being ordered for trauma or injury.; 08/19/2016; There has not been any treatment or conservative therapy.; h/a; trouble sleeping; neck and back pain worse on rt side	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has been suffering with issue since 12/2015; 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.; cyclobenzaprine 10 mg tablet take 1 tablet (10 mg) by oral route 3 times per day PRN  naproxen 500 mg tablet 1 tablet by Oral route 2 times per day PRN  naproxen 500 mg tablet 1 tablet by Oral route 2 times per day PRN  Norco 5-325 mg tablet 1 table	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has chronic pain ; needs mri to refer out; This study is being ordered for trauma or injury.; 10/10/2015; There has been treatment or conservative therapy.; fell down stairs, patient already had surgery on R knee, severe pain present since fall 10/10, previous torn ligaments and arthritis.; Source of patient information was patient.; Neck pain.; Lower back pain lumbar spine painful on movement ; opiates and nasajds.; medication therapy	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has pain and stiffness of neck, numbness and tingling left arm and hand.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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 is also experiencing numbness; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt is have pain in neck and back that is reaccuring; This study is 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 not been any treatment or conservative therapy.; Patient is also c/o back and neck pain	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt reports car wreck Reports she was the restrained driver. Pt reports she was rear ended while stopped and reports the car that hit her was going approximately 15-20mph. Reports dizziness, headache, pain to the right side of neck and "into my shoulder".; 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.; Patellofemoral pain syndrome; Right shoulder pain; Calcific tendinitis of right shoulder; Numbness and tingling in hands; Weakness in right arm and shoulder, limited range of motion. headache and unable to move neck; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt reports falling in a grocery store injuring her back, neck, and head; This study is being ordered for trauma or injury.; 7.15/16; 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	Pt was seen in ER after initial visit to PCP MRI and /or Nerve Conduction 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.; 06/15/2016 about 6 weeks ago; There has been treatment or conservative therapy.; pain in right arm, right shoulder that extends to neck area  limited range of motion constant pain and sharp pain greater than 6 weeks; pt was given flexeril , no relief in symptoms . pt also was seen at ER and was give toradol and dilaudid, with some improvement,	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Requesting the study to look for any bulging discs or degenerative disc 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.; 08/2015; There has been treatment or conservative therapy.; low back pain now radiating to neck;; pt was given zanaflex and came back in office with no improvement pt has also been on mobic, gabapentin and tylenol 4,	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	rule out cervical spine involvement; This study is being ordered for a neurological disorder.; approximately 1 month ago; There has been treatment or conservative therapy.; headaches, muscle aches and joint pain; treated with abx and ns aids for headaches and muscle aches and possible siusitis	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Suspected cervical changes; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; April 2016; There has been treatment or conservative therapy.; worsening headache, blurred vision, stiffness of neck, confusion; Medications	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	swelling has got worse, pain has got worse, pt has limitations on adl's; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; sharp pain radiating to leg, numbness and tingling swelling; physical therapy, anti inflammatory, steroids	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if 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	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

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.; Neck pain radiates into shoulders but not arms. She has been to chiropractor and physical therapy in past but that never helped	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; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; n/a	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; <Enter Additional Clinical Information>	2
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; 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.; N/A	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; Patient has had injections with no relief or improvement	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.;	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient's nerve conduction study showed signs of an upper motor neuron lesion. The neurologist that read it, recommended MRI's.; This study is being ordered for a neurological disorder.; Two years ago, around July 2014; There has not been any treatment or conservative therapy.; Left leg weakness with foot drop, spasticity of left leg	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.	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; 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	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; neck pain that is radiating; 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; None; 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; patient is having facial drooping, possibly multiple sclerosis or bells palsey; 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

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; patient is having headaches with nausea, vertigo and occasional chest pains with arm numbness and tingling; 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.	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; None of the above; &Enter Additional Clinical Information&; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	5

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; ; 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; Liver cyst was found; 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; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.;	2
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; pt still having pain; however pain is much worse now than before	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.;	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.;<Enter Additional Clinical Information>	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; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; 2 prior neck surgeries, nerve conduction studies, last mri 6 mos ago	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.; Cervical back: She exhibits decreased range of motion, pain and spasm.	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.; chiropractor xrayed neck and said that they would not treat until after MRI of c spine done	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; complaints of neck issues. He states that he has had pain in the left side of his neck that radiates down his left arm. He denies any shooting type of pain. He states that when he looks to the left it hurts. He states that it is worse with certain move	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.; Er visit with CT showing degenerative disc disease.	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.; Medications: Taking Lisinopril-Hydrochlorothiazide 10-12.5 MG Tablet 1 tablet Orally Once a day, Taking Pravastatin Sodium 40 MG Tablet 1 tablet Orally Once a day, Taking Uloric 80 MG Tablet 1 tablet Orally Once a day, Taking Furosemide 40MG Tablet TAKE O	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.; none	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; pain is radiating into arm. decreased range of motion. decreased mobility difficulty sleeping due to pain.; pain waking pt from sleep,	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; patient has had pain for several years; with no relief from pain medications	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Patient has injury to neck due to farming accident 2005. X-ray reveals large osteophyte at impingement on esophagus at C4-5 and C 5-6. Has difficulty swallowing and is unable to swallow at times. Has trouble sleeping due to pain. On exam neck is tender po	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 presents with worsening neck pain. needing mri to help determine source of pain.	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; 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.; Suspected bulging disc	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.; Tenderness	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.; UNKNOWN	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.; xray shows 2 mm anterior listhesis C4 C5	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.;	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; 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&	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; 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.; CT of brain was normal. Patient is still complaining of severe head & neck pain.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Duration of Symptoms: Start: 09/01/2015  Physical Exam Findings: bilateral arm pain and numbness for 2 years worsening lately aggravated by movement lifting, and daily activities occurs at rest as well described as dull and and aching with pain and numb	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.; left arm numbness, neck pain, going on since 10/2015, muscles are hard to turn in neck and cortisone shots did not help	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Patient with right shoulder and neck pain complaining of tightness in the right side of neck and pain when turning her head. she also states that she has shooting pain down her right arm as well as numbness at times. Problem has been occuring for months	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; 37 y.o. female presents following a fall that occurred one week ago. She fell and landed on her head on a boat. She reports a popping in her neck when this occurred and now has difficulty moving it. Associated symptoms include ear pain, throat pain, heada; No, the patient does not have new or changing neurological signs or symptoms.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Trauma or recent injury; just filled pain medication and had a normal CT scan; No, the patient does not have new or changing neurological signs or symptoms.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Tree fell on member in either April of May/ Pt has numbness, tingling, and neck pain; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
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 weakness.; neuropathy; The patient does 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 have new or changing neurologic signs or symptoms.; There is weakness.; Pt has numbness and weakness in her right arm and hand; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
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 had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment 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.; 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; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Started program in 5/2016, touch chin and neck exercise, heat and ice treatment	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; 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	unknown; This study is being ordered for a neurological disorder.; lumbar pain 3/4/16; cervical pain 6/15/16; There has been treatment or conservative therapy.; cervical neck pain with radiculopathy and lumbar pain with radiculopathy to left leg; medrol dose pak, mobic, oxycodone	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.; UNKNOWN; There has been treatment or conservative therapy.; NECK PAIN RADIATING IN BOTH ARMS AND BACK PAIN RADIATING DOWN HIP & LEGS; PATIENT HAS BEEN TREATED WITH PAIN MEDICATION, MUSCLE RELAXERS AND STERIODS WITH NO RELIEF	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.; 7/6/2016; There has not been any treatment or conservative therapy.; BACK PAIN, MUSCLE ACHES IN THIGHS AND HANDS WITH CRAMPING	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.; Chronic pain for Years; There has been treatment or conservative therapy.; Neck pain and Low back Pain with L sided sciatica.; Pain Management for 6 months	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.; for years, unknown on the exact time; There has not been any treatment or conservative therapy.; Pt has neck and low back chronic 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 trauma or injury.; 09/21/2016; There has been treatment or conservative therapy.; Primary symptoms headache, back and neck pain; Date of injury 9/21/2016 seen in NEA Baptist Hosp., and had CT Abdomen/pelvis (normal), CT Cervical Spine (normal), and CT Head (normal). Then went to PCP on 9/23/2016 and had x-ray of left knee.	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.; July 2016; There has been treatment or conservative therapy.; Chronic pain due to trauma, stiff, painful muscles in neck. Cervical showed tenderness on palpation, muscle spasm, decreased range of motion. Cervical spine showed weakness. DDD of C3, C4 and C5. Patient has difficulty in walking due to the pain in hips. ; Patient states that he has been seeing a Chiropractor, home therapy. Patient stated that he can not take medication for the pain due to having lesions in his intestines.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	upper extremity parathesia, and weakness.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/01/2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; home exercises, over the counter medications. Ibuprophen, alleave, tramadole	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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	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."; <Enter Additional Clinical Information>	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; Patient has hump on her back and back 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 is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; HOME EXECERCISE FOR 6 MONTHS AND STILL HAS PAIN IN UPPER BACK	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.; 06/01/2016; There has been treatment or conservative therapy.; numbness/weakness in the left arm/radiculopathy; 6wks of physical therapy/tylenol	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.; 06/16/2015; There has been treatment or conservative therapy.; Pt suffers with pain in upper and lower back and tail bone; numbness and tingling and trouble walking.; Injections and 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 a neurological disorder.; 6-4-2010; There has not been any treatment or conservative therapy.; back pain and low thoracic pain bilateral and hurts when she stands	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 8/22/2016; There has not been any treatment or conservative therapy.; pain while standing, decreased range of motion.	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 Congenital Anomaly.; 2001; There has been treatment or conservative therapy.; numbness;	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 >;	3

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.; ; There has been treatment or conservative therapy.; CHRONIC LOW BACK PAIN; STERIODS XRAYS	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.; ; There has not been any treatment or conservative therapy.; pain, numbness	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.; 01/25/2016; There has been treatment or conservative therapy.; pain in c-spine and t-spine; physical therapy hot pack / cold pack 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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 years prior; There has been treatment or conservative therapy.; back pain, radiating to left side, thoracic and lumbar tenderness, limited range of motion; Tylenol with codeine, steroids, muscle relaxers, over the counter ibuprophen, no relief, worsening symptoms	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.; 2011/2015; There has been treatment or conservative therapy.; Symptoms are worsening.; Physical therapy and 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.; 6 months ago; There has been treatment or conservative therapy.; radiating back pain, tender over the T and L spine; x-rays, back brace, 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 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.; chest pain. heart racing. ekg and echo came back normal. xray showed scoliosis.; ER a couple times. Urgent care clinic. Chest pain, and will be putting on a heart monitor. Wellbutrin.	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.; Low back pain for many years; There has been treatment or conservative therapy.; low back and left side sciatica thoracic back pain; excursive muscle relaxers ibuprofen	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; There has not been any treatment or conservative therapy.; neck and back pain, thoracic scoliosis	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; There has not been any treatment or conservative therapy.; psyotic nerve , disc disorder lumbago , 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.; ; There has been treatment or conservative therapy.; pain; 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 trauma or injury.; 04/28/2016; There has been treatment or conservative therapy.; CHRONIC BACK PAIN; XRAY	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; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1

General/Family Practice	Disapproval	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.; There is weakness.; patient has ankylosing spondylitits.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative 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 a neurological disorder.; 05/07/2014; There has been treatment or conservative therapy.; Severe pain in back and neck. Numbness and tingling. Pain in to groin area.; Patient has been on muscle relaxers, cannot do therapy due to severity of pain. Has had kenalog/toradol inj	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 09/04/2016-09/14/2016; There has been treatment or conservative therapy.; Chronic diffused pain in his lower and upper back.; Patient was given hydrocodone 7.5 MG and naproxen 500 MG.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 10/2015; There has been treatment or conservative therapy.; Pt suffers with neck and upper back pain.; NSAID's	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.;	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	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.; 06/16/16; There has been treatment or conservative therapy.; chronic back pain; 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.; 2009; There has been treatment or conservative therapy.; Chronic Back Pain since 2009. Has new onset of radiculopathy down to toes; TESI x 3  Nsaids Steroids	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.; 8/17/2016; There has been treatment or conservative therapy.; neck and back pain. (medication not helping); medicaiton	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.; Low back pain noted. The location is primarily in the lower, right lumbar spine. He characterizes it as constant, throbbing, aching, and burning. This is a chronic, but intermittent problem with an acute exacerbation. The initial pain started 4 years ago; There has been treatment or conservative therapy.; The location is primarily in the lower, right lumbar spine and mid back. He characterizes it as constant, throbbing, aching, and burning. This is a chronic, but intermittent problem with an acute exacerbation. He states that the current episode of pain ; He has tried therapy, ice, heat, used a tens unit. pt has taken narcotics for pain, NSAIDs, steroids, and had done stretching and strengthening exercises	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.; Over one year ago; There has been treatment or conservative therapy.; Radiculopathy with thoracic and low back pain. Pain between shoulder blades.; Patient has failed chiropractor, physical therapy and anti-inflammatories over the past years.	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.; unknown; There has been treatment or conservative 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 trauma or injury.; ; There has been treatment or conservative 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 trauma or injury.; history of fall injury one year ago; There has been treatment or conservative therapy.; chronic pain in neck and upper back; pt was receiving pain management (oral narcotics)	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.; Patient has had blunt force trauma to head and neck many years ago that resulted in facial fractures and significant whiplash. In addition, he had a diving accident that injured his neck and spine years ago as well. ; He also has significant rotoscolio; There has been treatment or conservative therapy.; Radiculating pain, Pain in neck, Limited Range of Motion, Change in ambulatory gait; Patient has spent more than six weeks in Physical Therapy and has used Chiropractic 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 trauma or injury.; September 2015; There has been treatment or conservative therapy.; Pain; Physical Therapy; Zorvolex	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.; she has been having pain and trouble to walk since 2013; There has been treatment or conservative therapy.; trouble walking; can barely bend over; can sit for long periods of times; trouble breathing when laying long periods of time; PT was in physical therapy for 8 weeks and has taken ibuprofen, Tylenol and hydrocodone for the pain	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	acute worsening of lower extremity weakness and muscle spasticity in L leg; This study is being ordered for a neurological disorder.; approx 14 weeks ago- mid-June 2016; There has been treatment or conservative therapy.; LLE pain/weakness - acute worsening of lower extremity weakness and muscle spasticity in L leg; anti-inflammatory medication and joint injections	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	continued and worsening 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.; unknown; It is not known if there has been any treatment or conservative therapy.; lumbago with sciatica	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	experienced some brief paralysis on my left side. I was unable to lift or move my leg and my arm.; This study is being ordered for a neurological disorder.; Persistently complains of left-sided paresthesia. She's also complained of right-sided paresthesias in the arm. She's had this for several months maybe even more than a year. She's had an MRI of her cervical thoracic lumbar and the brain which was inconcl; There has been treatment or conservative therapy.; Persistently complains of left-sided paresthesia. She's also complained of right-sided paresthesias in the arm.; We stopped several of her psychotropic medications including lamictal recently started Depakote and despite changing medication the symptoms returned indicating that it is not medication driven. Possible it may even be psychotropic meds no other abnormal	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.; 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.; The patient is experiencing sensory abnormalities such as numbness or tingling.; FURTHER EVALUATION OF PT LUMBAR PAIN IS NEEDED. PT IS IN SEVERE PAIN WITH NO RELIEF FROM PAIN MEDICATIONS.	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.; Back pain-The pain began 6 months ago,the pain is located in the mid back, Worsening Pain started after starting a job landscaping, The nature of the pain is intermittent,aggravating factors include bending, twisting, lifting, Alleviating factors include	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is not experiencing sensory abnormalities such as numbness or tingling.;	2
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.;	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."; <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	Left sacroiliac and sciatica pain with palpation.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Date of original onset is unknown. Patient has been on Neurontin for chronic back pain for a long time, but pain is progressively getting worse.; There has been treatment or conservative therapy.; Back pain with radiation down left leg with numbness and tingling.; Steroid therapy with Depo-medrol injections for inflammation and Ultracet tablets for pain.	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	lumbago with sciatica, left side, lumbago with sciatica, right side, other 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.; low back pain, radiation of pain downwards to both legs, legs giving out, has done PT in the past, lumbago with sciatica left side, lumbago with sciatica right side, other chronic pain; It is not known if there has been any treatment or conservative therapy.; lower back pain, pain radiates downward to both legs, weakness, bilateral leg pain-left worse than right, legs giving out	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MVA; This study is 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.; Muscle spasms back pain H/a; NSAIDS OTC medication home exercise program	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	NERVE IMPINGEMENT OR DISC DISPLACEMENT; This study is being ordered for a neurological disorder.; 06/15/2016; There has been treatment or conservative therapy.; NECK PAIN WITH LEFT CHEST WALL PAIN RADIATING FROM THE BACK TO THE FRONT.; REFERAL TO NEUROLOGIST, LAB WORK, AND MEDICATION GABAPENTIN FOR NERVE PAIN.	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Neurovascular: sensation intact to light touch and pain; brisk femoral pulse with 2/4 patellar and Achilles deep tendon reflexes and intact superficial reflexes; Muscular Strength: 5/5 graded muscle strength of the iliopsoas, quadriceps, hip adductors, ; This study is being ordered for trauma or injury.; Low back pain noted. The discomfort is most prominent in the mid thoracic spine and in the mid lumbar spine. This radiates to the buttocks and right calf. He characterizes it as constant, intermittent, moderate in intensity, and sharp. This is a chron; There has been treatment or conservative therapy.; PT C/O NECK PAIN, Neck pain details; the location of discomfort is posterior. It radiates to the intrascapular area, shoulders, and arms. The pain is characterized as moderate in intensity, intermittent, and sharp. Initial onset was 2 months ago.crepi; PT HAS HAD PHYSICAL THERAPY, STEROIDS, HEAT AND ICE.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Faxing clinicals.; It is not known if there has been any treatment or conservative therapy.; Not avail.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	NONE; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2008; There has not been any treatment or conservative therapy.; The Pt has back pain. moving agrivates pain,	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	NONE; This study is being ordered for trauma or injury.; 8/11/2015; There has been treatment or conservative therapy.; Radiating pain from Thoracic to Lumbar; Injection	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness in both hands; This study is being ordered for a neurological disorder.; more than 6 years ago; There has been treatment or conservative therapy.; numbness in both hands, ddd in cervical and thoracic spine, back pain chronic.; prednisone, diclofenec and tramadol	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Osteoarthritis; This study is 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.; Back pain; Rx medication	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient also states that she is had an accidental fall and hurt her back and is now having pain in her back, hip and left leg and numbness from in left leg down to her foot.; This study is being ordered for trauma or injury.; 03/30/2016; There has not been any treatment or conservative therapy.; Lumbar back pain, left leg pain, and parashesia LLE.	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient deals with lack of sleep due to constant pain.  Patient has more pain when standing and her job requires her to stand most of the day.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Initial onset was age 14 when diagnosed with DDD. She is now age 21.; There has been treatment or conservative therapy.; Dengenerative Joint Disease. Severe pain from top of neck to tailbone. Doctor will also do an arthritis panel because patient also complains of pain in her other joints.; Pt has had Physical Therapy in the past and NSAIDS. Pt had xrays or C-spine, L-spine & T-spine.  Last MRI was age 14 when diagnosed with DDD. She has not yet seen a neurosurgeon.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAS HISTORY OF FALL NOT SURE DATE OF FALL; This study is being ordered for a neurological disorder.; PROVIDER REQUESTING MRI'S; It is not known if there has been any treatment or conservative therapy.; NECK, MID AND LOW BACK PAIN, RIGHT ARM RADICULOPATHY, NUMBNESS BILATERAL ARMS AND FEET	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has neck, mid, and low 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.; 09/10/2016; There has been treatment or conservative therapy.; ddd c-spine, l-spine, and t-spine, back strain; naproxen and percocet	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has pinched nerve; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/2016; There has been treatment or conservative therapy.; Pinched nerve; Medications,	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has severe and progressive pain in thoracic spine that is not relieved by bed rest or postural modification. She also complains o severe stiffness in the thoracic spine upon awakening; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pt is weak in the mid back section and can hardly sit up.; 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 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	PHYSICAL EXAMINATION SHOWS ABNORMALITIS OF SHOULDERS AND HIPS PT TREATED WITH MEDICATION THERAPY  PT DX OF CRONES AND TAKING MEDICATION; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/18/2016; There has been treatment or conservative therapy.; PAIN IN LEFT SHOULDER AND THRACIC SPINE PAIN IN HIPS, PELVIS AND LOWER BACK; ANTIINFLAMITORY DRUGS	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Prev surgery on lt shoulder decreased ROM and pain from neck to upper back with Radiculopathy; This study is being ordered for trauma or injury.; 07-25-2016; It is not known if there has been any treatment or conservative therapy.; Neck, lt shoulder and upper back pain from MVA	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt had xrays done; This study is being ordered for Inflammatory/ Infectious Disease.; about a month ago; There has not been any treatment or conservative therapy.; Pt has numbness and tingling in arms and legs, neck pain and back pain	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has had negative xrays; This study is 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.; back pain that is radiating and causing numbness and tingling; tramadol	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has osteopenia, large breasts.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/26/2015; There has been treatment or conservative therapy.; gait disturbance, weakness of extremities, numbness of extremities.; multiple meds tried, rest ice, exercise.	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt is having chronic pain with no relief.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/07/2016; There has been treatment or conservative therapy.; Chronic Back Pain with no relief through medication; Home range of motion exercises as well as medication.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt is still having back pain after 6 weeks of physical therapy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/2016; There has been treatment or conservative therapy.; tenderness (intermittent numbness/tingling to extremities. /neck tenderness /arm fatigue. tenderness across lumbar back worse after prolonged sitting /standing weakness radiates to bilateral thighs.); More than 6 weeks 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 reports pain started after receiving an epidural during child birth 4 months ago. Pain has progressively worsened, especially over the last month. Pt has pain that radiates down her bilateral lower extremities. Bilateral thoracic tenderness, crepitus. ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4 months prior to 8/2/2016; There has been treatment or conservative therapy.; Pain in lower to middle back that radiates down BLE. Is worse when bending over.; Medication was prescribed on 8/2/2016	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Requesting MRI to evaluate patients pain and symptoms before continuing with additional injections and procedures.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5-31-16; There has been treatment or conservative therapy.; numbness and weakness in upper and lower extremities; Medication Therapy,Lumbar Medial Branch Blocks and other injections, home exercise program and physical therapy	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	severe pain radiating down; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ongoing for 6-8mos; There has been treatment or conservative therapy.; pain and numbness; home therapy and meds for inflammation; back brace	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	suspected hernated disc, pt has increasing back pain for more than 6 months and getting worse, has numbness in legs, degenerative arthritis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; more than 6 months and getting worse; There has been treatment or conservative therapy.; increasing back pain and numbness in legs; patient started taking Lortab 7.5 mgs on 7/19/16 and started taking Gabapentin 300 mgs on 7/30/16	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.; <Enter Additional Clinical Information>; 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 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	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; CHRONIC BILATERAL THORACIC BACK PAIN,THORACIC SPASM,TENDERNESS: THORACIC,SPINOUS,PARASPINOUS,RULE OUT PINCHED NERVE OR DEGENERATIVE,EXTREMITY WEAKNESS,PARESTHESIA,BACK PAIN; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; constant BP, swelling, sharp pain keeps pt awake, ongoing 2 years worsening last 2 weeks, PT w/o relief; 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.; Ms. Thomas is here today for return appointment following MRI L Hip and orthopedics appointment.  She presents today with 3/10 pain in her lower back that she describes as a constant dull ache that radiates to her L hip and LLE. She states she has pain ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Patient had MRI of Lumbar and shows he needs a MRI of Thorasic for disc herniation; 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 had ongoing and worsening pain in back since November.; 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.	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 recent fracture on previous imaging studies.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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 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 trauma or acute injury within 72 hours.; 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	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.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.;	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; 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 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.;	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.; Back pain with history of previous laminectomy: will order MRI for evaluation; Neck pain with radiation and degenerative changes on xray; Mid back pain with radiation to right; will proceed with xrays and then MRI if needed.	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.; weakness in LLE, numbness and tingling, began after MVA	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.	3

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient's nerve conduction study showed signs of an upper motor neuron lesion. The neurologist that read it, recommended MRI's.; This study is being ordered for a neurological disorder.; Two years ago, around July 2014; There has not been any treatment or conservative therapy.; Left leg weakness with foot drop, spasticity of left leg	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.; failed course of medication and physical therapy; 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 asymmetric reflexes.	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.; 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	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Thoracic neuritis; radiculopathy; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	To rule out tumor.; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Patient is having neurological deficits causing problems with daily activities; Patient has had physical therapy & done back exercises at home.	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.; January 2016; There has been treatment or conservative therapy.; Pt has back pain, lower middle and upper pain that is daily, taking medications, pain radiating from back to neck, shoulder and down the leg. SLR positive bilaterally about 30-40 degrees. MDO is wanting to refer to neuro surgery; medications	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/23/2016; There has not been any treatment or conservative therapy.; memory loss; ha; back pain	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; low back pain; thoracic pain; light exercise; "10 units"	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.; 6/15/2016; There has not been any treatment or conservative therapy.; JOINT PAIN, TINGLING, ACHING AND SHOOTING PAIN IN BOTH LEGS, MID AND LOW BACK PAIN	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.; 7/18/16; There has been treatment or conservative therapy.; Pt is unable to bend, sit or walk, muscle spasms, difficulty placing weight and trouble w/ over all movement; medications w/ no relief	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.; Hurt back while working offshore years ago and never had it looked at or treated patient just kept on working. Patient says he has constant pain, if he is moving it is better than if he is still. Here lately the pain is a little more often, the pain has s; It is not known if there has been any treatment or conservative therapy.; Pain in back that shoots down both legs, has become worse here lately.	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.; Unknown; There has been treatment or conservative therapy.; Chronic pain, difficulty getting out of bed, pain is running down both hips down to the legs.; Pain medications.	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	worsening mid to lower back pain. Patient has stiffness with resting it. Patient also having joint 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; There has been treatment or conservative therapy.; Mid to lower back pain; Tylenol #3 was given to help with the pain	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		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; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	2
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; 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.; Pain with flexion and extention	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness limited range of 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	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; tramadol GASZOPAN	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment 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
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 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	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
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.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; in bot lower extremity; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1

General/Family Practice	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
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.; The patient has none of the above.; This procedure is being requested for Trauma or recent injury	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	34
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It 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 a neurological disorder.; 05/2013; There has been treatment or conservative therapy.; Pt suffers with chronic neck and back pain.; 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 a neurological disorder.; 06/16/2015; There has been treatment or conservative therapy.; Pt suffers with pain in upper and lower back and tail bone; numbness and tingling and trouble walking.; 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 a neurological disorder.; 11/2015; There has been treatment or conservative therapy.; Pain, weakness.; 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 a neurological disorder.; 6/2016; There has been treatment or conservative therapy.; LOW BACK PAIN, WEAKNESSK, SHARP PAIN, AND STIFNESS.; ANTI- INFLAMMTORY	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.; 6-4-2010; There has not been any treatment or conservative therapy.; back pain and low thoracic pain bilateral and hurts when she stands	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 8/22/2016; There has not been any treatment or conservative therapy.; pain while standing, decreased range of motion.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 07/15/16; It is not known if there has been any treatment or conservative therapy.; Pt suffers with aches, tingling and numbness in legs.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 2/1/2016; There has been treatment or conservative therapy.; muscle spasms, tenderness in neck and lower back, pain with movement, feels like bone is rubbing together, grinding sound when he moves; hot and ice packs, Valium, Prednisone and Naproxen	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 >;	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. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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.; mbr has aching burn sharp pain joint tenderness and numbness in the back and pain in knees and shoulders and PT is not working along with Chrio; medication for pain and pain management doctor	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.; ; It 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.; ; There has been treatment or conservative therapy.; CHRONIC LOW BACK PAIN; STERIODS 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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; pain, numbness	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.; 05/24/2016; There has been treatment or conservative therapy.; pain radiating to left leg with numbness and tingling, obese; home exercises, steroids, anti-inflammatories	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.; 07/2016; There has been treatment or conservative therapy.; Chronic cervical, lumbar and shoulder pain. Tenderness on the neck. Difficulty looking up. Limited range of motion in shoulder.. Tenderness in lower back.; Completed and failed 12wk of PT. Anti-inflammatories.	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.; 10/05/15; There has been treatment or conservative therapy.; Pt suffers with back pain, and/or other cervical spine issues.; Pain management, PT and 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.; 2 years prior; There has been treatment or conservative therapy.; back pain, radiating to left side, thoracic and lumbar tenderness, limited range of motion; Tylenol with codeine, steroids, muscle relaxers, over the counter ibuprofen, no relief, worsening symptoms	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2011/2015; There has been treatment or conservative therapy.; Symptoms are worsening.; Physical therapy and 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.; 5/2009; There has been treatment or conservative therapy.; numbness in the left and right arm, numbness in legs and back getting worse.; p/t and has been seeing 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.; 5/2016; It is not known if there has been any treatment or conservative therapy.; Chronic 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. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 months ago; There has been treatment or conservative therapy.; radiating back pain, tender over the T and L spine; x-rays, back brace, 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 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.; pain in neck and back	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.; 7/28/16; There has been treatment or conservative therapy.; Back Pain , tendinitis , ankle pain; 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.; 8/12/2016; There has been treatment or conservative therapy.; Pain in shoulders, elbows, back pain, pain in the back legs; physical therapy, medications, xrays, pain 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 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.; chest pain. heart racing. ekg and echo came back normal. xray showed scoliosis.; ER a couple times. Urgent care clinic. Chest pain, and will be putting on a heart monitor. Wellbutrin.	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.; Low back pain for many years; There has been treatment or conservative therapy.; low back and left side sciatica thoracic back pain; excursive muscle relaxers ibuprofen	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.; lumbar-7/6/16 hip-7/6/16; There has not been any treatment or conservative therapy.; lumbar-lower back pain with movement, hip-hip pain with movement	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.; m96.1 a few years ago; There has been treatment or conservative therapy.; constant neck pain, aggravated with movement, low back pain; physical therapy, 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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; neck and back pain, thoracic scoliosis	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; There has not been any treatment or conservative therapy.; psyotic nerve , disc disorder lumbago , 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 trauma or injury.; ; There has been treatment or conservative therapy.; pain; 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.; 04/28/2016; There has been treatment or conservative therapy.; CHRONIC BACK PAIN; XRAY	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.; 08/18/2016; There has been treatment or conservative therapy.; low back pain radiating; pain management treatment	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.; 5/18/2016; There has been treatment or conservative therapy.; tenderness of C Spine, pain c motion, decreased ROM; 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.; 8/19/2016; There has not been any treatment or conservative therapy.; had a 4 wheeler accident-Friday and is having issues. went to ER did lose consciousness-	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 8/22/2016; There has been treatment or conservative therapy.; pain worsening, low back, right hip pain; steroids, muscle relaxors, NSAIDs	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	(will fax); The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; 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.; 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 trauma or injury.; 8-12-16; There has not been any treatment or conservative therapy.; severe pain	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.; 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.; 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	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	4
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Patient is having continuing back pain with neuritis. Patient range of motion is 90 degrees with flexion 25 percent extension and side to side 25 percent.	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.	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.; Back pain runs through his legs causing weakness and pain 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.; Back pain x 3 months that radiates to pelvis, medications somewhat helpful. X-ray showed spondylosis.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
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.; Increased low back pain with right sided radiculopathy and parasthesia. Positive for weakness as well. Trouble walking due to pain.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

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.; LBP radiates to the later right leg and hip and is now numb in the anterior thigh; The patient does not have new signs or symptoms of bladder 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; 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.; lumbar back pain with pain down leg 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	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; recurrent episodes of tingling to lower extremities and fatigue in legs with pain in lower back; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
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.; very athletic person with back pain oveer six months it has been getting worse over the last two months now going into right leg unresponsive to NSAID alot of pain at night; The patient does not have new signs or symptoms of bladder 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 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; The patient does not have new or changing neurologic signs 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; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; No change with Back Pain handout exercises given	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	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.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
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.; Pre-Operative Evaluation; Surgery is not scheduled within the next 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.; This procedure is being requested for None of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	20
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.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Abnormal Xray - for Lw back pain  Findings 7.0 MM Anterior subluxation of L5 over the sacral promontory . there is associated mild disc space narrowing and mild sclerosis at the lumbosacral junction ,  Impression L5-S1 grade 1 spondylololysis likely	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.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; rom limited had hard time getting out of chair; The patient does not have new signs or symptoms of bladder 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	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	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.; ; There has been treatment or conservative 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 a neurological disorder.; 05/07/2014; There has been treatment or conservative therapy.; Severe pain in back and neck. Numbness and tingling. Pain in to groin area.; Patient has been on muscle relaxers, cannot do therapy due to severity of pain. Has had kenalog/toradol injns	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.; AUGUST 1, 2002; There has been treatment or conservative therapy.; FOOT NUMBNESS, TINGLING, THUNDER HEADACHE, tenderness noted in the left lumbar paraspinous muscles;	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.; Nov 2015; There has been treatment or conservative therapy.; sever lower limb pain. feels as if bricks on his feet when walking.  Starts in low back all the way to his feet. Worse in the morning.  No relieving factors, worsening symptoms.; tramadol naproxen ice and heat alt.  home exercise.   All ineffective in relieving the pain	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.; September 2015; There has been treatment or conservative 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.; ; 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 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	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.; 06/16/16; There has been treatment or conservative therapy.; chronic back pain; 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.; 07/14/2016; It is not known if there has been any treatment or conservative therapy.; Ms. Griffith presents in follow up from clinic visit She was diagnosed with palpitations. The following lab tests were done: CBC (WNL), comprehensive metabolic panel (WNL), urine pregnancy test (-), thyroid panel: WNL. The following radiology te	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.; 2009; There has been treatment or conservative therapy.; Chronic Back Pain since 2009. Has new onset of radiculopathy down to toes; TESI x 3  Nsaids Steroids	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.; 8/17/2016; There has been treatment or conservative therapy.; neck and back pain. (medication not helping); medicaiton	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.; Low back pain noted. The location is primarily in the lower, right lumbar spine. He characterizes it as constant, throbbing, aching, and burning. This is a chronic, but intermittent problem with an acute exacerbation. The inital pain started 4 years ag; There has been treatment or conservative therapy.; The location is primarily in the lower, right lumbar spineand mid back. He characterizes it as constant, throbbing, aching, and burning. This is a chronic, but intermittent problem with an acute exacerbation. He states that the current episode of pain ; He has tried therapy, ice, heat, used a tens unit. pt has taken narcotics for pain, NSAIDs, steroids, and had done stretching and strenghtening 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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ONE MONTH AHO; There has been treatment or conservative therapy.; Upper back pain noted. The discomfort is most prominent in the thoracic spine. This radiates to the right shoulder. He characterizes it as constant, severe, dull, and aching. This is a chronic problem, with essentially constant pain. He states that t; He has not found anything that helps relieve the pain. Medical history is significant for back surgery, Low Lamectomy of L4-L5 and herniated disk on mri lumbar.;   Synthroid 0.05mg Tablet Take 1 tablet(s) by mouth daily  Antara 130mg Capsules Take 1 c	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.; Over one year ago; There has been treatment or conservative therapy.; Radiculopathy with thoracic and low back pain. Pain between shoulder blades.; Patient has failed chiropractor, physical therapy and anti-inflammatories over the past years.	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.; patient states she has been having low back pain for several years and neck pain with headaches but it intensified when she had a mva. She states she had the pain bf she had the mva so it wasn't caused by that; There has been treatment or conservative therapy.; low back pain that has developed radicular pain down the right leg and cervical pain with headaches; patient has had out patient physical therapy without relief she has also taken nsaid, pain medication, heat and rom exersizes at home	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 is having back and hip pain that radiates down and throbs. nothing helps with pain.; There has been treatment or conservative therapy.; back and hip pain that radiates down and throbs.; pt has tried norco with no help.	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.; ; It is not known if there has been any treatment or conservative 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 trauma or injury.; ; 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 trauma or injury.; September 2015; There has been treatment or conservative therapy.; Pain; Physical Therapy Zorvolex	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.; she has been having pain and trouble to walk since 2013; There has been treatment or conservative therapy.; trouble walking; can barely bend over; can sit for long periods of times; trouble breathing when laying long periods of time; PT was in physical therapy for 8 weeks and has taken ibuprofen, Tylenol and hydrocodone for the pain	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	6 weeks of failed medication treatment and some physical therapy,that patient says has not helped at all; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	ABNORMAL XRAY OF HER LEFT SPINE; 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	Abnormal x-ray that recommend further study such as a MRI of Lumbar Spine; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Anterior flexion and hyperextension at cervical spine causes neck pain radiates to upper extremities. Bilateral Spurlings test positive .The pain in lower back is worsening with numbness and weakness to extremities. MRI Cervical and Lumbar Spine is reques; This study is being ordered for a neurological disorder.; 09-25-2014; There has been treatment or conservative therapy.; Numbness and weakness to upper and lower extremities. Radiating pain to extremities; Cervical and Lumbar Epidural Steroid Injection, Nerve Root Block,medication therapy and home exercise program	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	back 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	Back pain radiating down right leg. muscle stiffness, muscle spasms. History of lumbar disc degeneration. Palpation of the lumbar spine revealed abnormalities. Lumbar spine pain was elicited by 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Back pain radiating to the buttocks and legs; unintentional weight loss; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Back pain 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	Back pain since 2013 sciatica tenderness 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	BACK PAIN SINCE 7/12/16. HOME EXERCISES HAVEN'T WORK. NABUTONE PRESCRIBED.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	back pain with muscle weakness. Interferes with work and sleep. Lumbar pain radiates down left leg.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	back pain with radiating pain down both legs which is worse on the right side; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Abnormal patellar hyperactive	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Back pain with sciatica; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Back pain. Auto accident 2015.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	back pain; 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	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	BILAT back pain with 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	Bypassed Clinical; 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	C Spine and L Spine pain, Bilat Upper Extremity Radiculopathy, Paresthesia to Bilat Hands/Arms; This study is 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 one year; There has been treatment or conservative therapy.; C Spine and L Spine pain, Bilat Upper Extremity Radiculopathy, Paresthesia to Bilat Hands/Arms; History of surgery 2-3 years ago	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	C6-C7 FUSION, C5-C6 NECK FUSION IN 2004, L3 TEAR AND HERNIATION, PAIN RADIATES DOWN BOTH LEGS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/9/2016; There has been treatment or conservative therapy.; WEAKNESS, LOWER EXTREMITY BILATERAL PAIN, LOW BACK PAIN, TROUBLE MOVING AROUND (WALKS WITH CANE). SENSATION WITH TENDERNESS TO GROIN.; FOUR WEEKS OF PHYSICAL THERAPY	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	cervical radiculopathy; This study is being ordered for trauma or injury.; 9/5/2016; There has been treatment or conservative therapy.; elbow pain for past two months, bilateral hip pain radiating down LE; medications	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic back pain, present at least 3 months, starting to have pain in hands; 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, radiates to the back of the legs; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic back pain, requesting new imaging for continued pain 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	Chronic flank pain with no relief from pain medication; 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 issue, no 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	Chronic low back pain History of ATV accident in 2014; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	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	Clinical information is being 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	Clinical information is being sent by fax; 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	complaining of back pain x-ray was neagtive; 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	Complains of chronic back and leg pain. Does have associated leg cramps. This is chronic in nature without acute changes. No improvement with aleve and motrin. Did better with tramadol and zanaflex. No improvement with skelaxin.; 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	Condition not improved with conventional treatment of physical therapy, medications; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient has bilateral hip pain and right lower extremity pain and burning; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	continued and worsening 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.; unknown; It is not known if there has been any treatment or conservative therapy.; lumbago with sciatica	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Continued pain after normal plain films; The study requested 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 bilateral hip 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	DDD, sciatica. hx of 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 weakness.; weakness in left lower extremity per patient. decreased ROM on exam. tenderness and pain on exam; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	DEGENERATION OF INTERVERTEBRAL DISC AT L5-S1 LEVEL; LOCATION OF PAIN IS UPPER,MIDDLE,LOWER BACK.NO RADIATION OF PAIN.PAIN IS AN ACHE,BURNING AND DIFFUSE.CONTEXT:BENDING FORWARD,BENDING OVER,PULLING,PUSHING,TWISTING MOVEMENT WORKS AS A WELDER AND THAT EXAC; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	degenerative 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Diabetic Patient weighs(350lbs) to much for our x-ray machine. His pain and radiculopathy is severe enough I would recommend an MRI. He is unable to walk without a limp.increased pain in right hip. He drives a truck. The pain has increased. Complains of l; This study is being ordered for a neurological disorder.; 01/18/2016 office visit; There has been treatment or conservative therapy.; Complains of lower back pain. He reports numbness and tingling into top of right leg/thigh. Limp with right leg; patient is a truck driver, and has been taking otc nsaid and hydrocodone and zanaflex	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Disc bulge on old MRI. Pain radiating from legs to feet. Numbness. Pain with bending bilateral. Possible pre-operative.; 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	disc disease; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
General/Family Practice	Disapproval	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  Back pain; has continued to have pain in back and into 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.; 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	Enter answer here - or Type In Unknown If No Info Given; . Pt c/o low back pain that goes into his right leg. This is not new. He states his right leg also tingles at times. He has been seen for this in the SVM ER in the past; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; 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	experienced some brief paralysis on my left side. I was unable to lift or move my leg and my arm.; This study is being ordered for a neurological disorder.; Persistently complains of left-sided paresthesia. She's also complained of right-sided paresthesias in the arm. She's had this for several months maybe even more than a year. She's had an MRI of her cervical thoracic lumbar and the brain which was inconcl; There has been treatment or conservative therapy.; Persistently complains of left-sided paresthesia. She's also complained of right-sided paresthesias in the arm.; We stopped several of her psychotropic medications including lamictal recently started Depakote and despite changing medication the symptoms returned indicating that it is not medication driven. Possible it may even be psychotropic meds no other abnormal	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Follow up requested by orthopedic MD for degenerative disk 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

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	for back pain & numbness in 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	For her to get into her pain specialist to discuss possible injections, she needs an MRI done.; This study is being 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 hip and lower back area. It radiates down legs.; Patient takes pain medication and she has been given exercises to help with her back pain and hip pain.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	for recurring 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	Gait problems, medication not helping; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	going on for 3 months -pain in left flank and neck radiates to left arm, right eye and left eye, aching/numb, sharp shooting stabbing; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	He reports having lower back pain intermittently for several years following a 4 wheeler accident which involved flipping over a 4 wheeler while riding it.; 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	he was seen in the local ER where he was giving muscle relaxer that helped some.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The 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	hip mri negative; The study 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	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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	History of chronic back pain with surgeries, patient fell last week and has numbness and tingling in 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Hurt back twice in 2 days from a fall. Been to ER twice. Been down since Wednesday 8/31/16. On muscle relaxers, pain medications, 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	Hx of back surgery in 2007; seen on 09/13/2016 w/ lbp with radiculopathy down his back and lt leg; was given meds; 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	in office x-ray showed DJD L3-S1, ant spurring, narrowing L5S1 with retrolisthesis L5S1; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; constant right leg pain and weakness in 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	Increasing neck and back pain that has progressively gotten worse over time and is not being controlled with rest, activity modification and medication(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.; 6-22-16; There has been treatment or conservative therapy.; Neck and Low Back pain that radiates to upper and lower extremities. Pain is numbness, tingling, aching and sharp in nature.; Medication therapy, home exercise program, TENS unit. Epidural Steroid Injections.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Information 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	<p>Inspection: no erythema; no muscle atrophy; gait is antalgic; Palpation: spasm of the left and right lumbar paraspinal muscles; Neurovascular: normal; Muscular Strength: normal; Range of Motion: limited active ROM with flexion, left lateral bendi; This study is 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.; She presents for left knee pain. Her symptoms are progressive worsening over last months. NSAIDs have not helped Low back pain details; the discomfort is most prominent in the lower lumbar spine. She characterizes it as constant, mild in severity, a; DICLOFINAC SODIUM Has failed a trial of rest and NSAIDS</p>	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Inspection: normal skin, soft tissue and bony appearance with normal cervical and lumbar lordotic curve, no gross edema or evidence of acute injury; Palpation: pain elicited over the left lumbar paraspinal muscles; Muscular Strength: 5/5 graded muscle; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.</p>	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	l side sciatica;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/01/2015; There has been treatment or conservative therapy.; hip pain unable to walk w/o pain;; otc nsaid; px nsaid; hep	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	LBP with radiculopathy; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in both legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	LBP, SCIATICA - ABRUPT WORSEINING OF SXS; 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	left hip pain for 3 weeks after falling, Pain getting more severe,radiates into lower back, no relief from Ibuprofen or prednisone, left hip x-ray normal.; 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	Left sacroiliac and sciatica pain with palpation.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Date of original onset is unknown. Patient has been on Neurontin for chronic back pain for a long time, but pain is progressively getting worse.; There has been treatment or conservative therapy.; Back pain with radiation down left leg with numbness and tingling.; Steroid therapy with Depo-medrol injections for inflammation and Ultracet tablets for pain.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Limited range of motion on the right 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.; 8/17/2016; There has been treatment or conservative therapy.; patient has severe pain to rt hip. and lower back.; anti inflammatory pain meds. Steroids.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Lipoma. Patient has knot on back that Physical Therapist said he needed looked at. Pain is worsening and he reports a 6/10 pain level. He has weak limbs and tingling and pain with twisting/positioning.; 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	longstanding back pain, needs mri for referral to ortho; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; movement/positioning; twisting; flexing back; extending back. x-ray shows osteophytes in lumbar.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Low back pain having sx's that may suggest lumbar radiculopathy but neg SLR, will get mri d/t no improvement with 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	Low back pain, and the Xray showed mild to moderate neural foraminal narrowing seen at L5-S1 level; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Low back pain, first seen for this on 6/22/16. Pain began 2 weeks prior. Pt in office again today, 8/17/16, with continued pain. Bilateral radiculopathy, bilateral paresthesia, right foot numbness. Pt taking prednisone, gabapentin, ibuprofen, and carisopr; The study requested 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 lumbar muscles, slowed gait, unable to perform straight leg raise; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	low back pain. and pain going down the pt's right leg; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Low back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	LOWER BACK WITH RADICULOPATHY TO LEFT SIDE.HE HAD PAIN FOR YEARS AND GRADUALLY GETTING WORSE.LEFT SI TENDERNESS,GOOD ROM,L SPINE XRAY:07/21/2016;NORMAL; 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	lumbago with sciatica, left side, lumbago with sciatica, right side, other 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.; low back pain, radiation of pain downwards to both legs, legs giving out, has done PT in the past, lumbago with sciatica left side, lumbago with sciatica right side, other chronic pain; It is not known if there has been any treatment or conservative therapy.; lower back pain, pain radiates downward to both legs, weakness, bilateral leg pain-left worse than right, legs giving out	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	lumbar back pain with radicular pain getting worse; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder 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	lumbar back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Lumbar pain radiating down leg causing weakness.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has lower extremity weakness due to pain radiating from lower back.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Lumbar spine exhibited abnormalities and muscle spasms. Palpation revealed abnormalities. Pain was elicited by 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	mbr has radiculopathy abnormal xray; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Medication attempted since date of fall: #x0D; Neurontin #x0D; Tylenol with Codeine #x0D; Diclofenac; This study is being ordered for trauma or injury.; 05/26/2016; There has been treatment or conservative therapy.; left hip pain with instability of hip. #x0D; Patient has fallen multiple times due to this #x0D; Lumbar back pain with radiculopathy; at home exercises, medication	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Motor accident 5/20/2016; 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.; 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.; did for four weeks pain increased radiating to lower extremities	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MRI needed prior to referral to pain specialist.; 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 of hip showed possible herniated disc; 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	MRI Tear in lower 2013; 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; This study is 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.; Muscle spasms back pain H/a; NSAIDS OTC medication home exercise program	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Neurological deficits and worsening symptoms; 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 came in with complaints of pain, numbness and tingling to LLE. Weakness noted to bilateral extremities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Neurovascular: sensation intact to light touch and pain; brisk femoral pulse with 2/4 patellar and Achilles deep tendon reflexes and intact superficial reflexes; Muscular Strength: 5/5 graded muscle strength of the iliopsoas, quadriceps, hip adductors, ; This study is being ordered for trauma or injury.; Low back pain noted. The discomfort is most prominent in the mid thoracic spine and in the mid lumbar spine. This radiates to the buttocks and right calf. He characterizes it as constant, intermittent, moderate in intensity, and sharp. This is a chron; There has been treatment or conservative therapy.; PT C/O NECK PAIN, Neck pain details; the location of discomfort is posterior. It radiates to the intrascapular area, shoulders, and arms. The pain is characterized as moderate in intensity, intermittent, and sharp. Initial onset was 2 months ago.crepi; PT HAS HAD PHYSICAL THERAPY, STEROIDS, HEAT AND ICE.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	new onset hemiparesis; This study is being ordered for a neurological disorder.; 7/21/16; There has been treatment or conservative therapy.; Muscle weakness, chronic pain, Low back pain, new onset hemiparesis and inability to illicit reflexes Left Leg and decreased sensation to touch and inability to walk on left leg and move left arm. very weak grip left hand; patient sees pain management and neurologist	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 a neurological disorder.; 6 months ago; There has been treatment or conservative therapy.; Patient has pain that radiates down to legs. The shoulder patient losses grip, and can not pick anything up.; Hot and Cold alternate at home and is taking anti inflammatory medications.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	non given; This study is being ordered for Inflammatory/ Infectious Disease.; his back pain has been going on since 10/19/15.; There has been treatment or conservative therapy.; his primary symptoms are low back pain and now pain in the thoracic spine.; he has done physical therapy did not work. Has tried medication and is not working.	1
General/Family Practice	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
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 not been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1

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.; 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	None; This study is being ordered for a neurological disorder.; 02/2016; There has been treatment or conservative therapy.; Knee pain back pain; Injections in bilateral knees rx medication	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.; 06/2016; There has been treatment or conservative therapy.; numbness & tingling in left left with hip pain radiating into left leg; Ibuprofen	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.; 2008; There has not been any treatment or conservative therapy.; The Pt has back pain. moving agrivates 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.; 8/11/2015; There has been treatment or conservative therapy.; Radiating pain from Thoracic to Lumbar; Injection	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness and tingling in the right thigh since 04/2016; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; unknown; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Numbness; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	ongoing, steroids and PT nothing is helping; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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.; L3	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Onset: 1 year ago. Severity level is moderate-severe. The problem is worsening. It occurs persistently. Location of pain is lower back. Pain is radiated to the left thigh and right thigh.The patient describes the pain as numbness and shooting. Context: no; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Osteoarthritis; This study is 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.; Back pain; Rx medication	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PAIN AND 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	pain has increased; 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 HER LS SPINE IS INCREASING WORSE ; WAS SEEN IN THE ER AT ST B ; GIVEN DILAUDID IVP AND DILAUDID 3 MG PRNPAIN ; NO CT OR ANYTHING ELSE DONE; 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	Pain is 10/10 at worse and exacerbated with movement, walking. pain is non radiating. Better with pain medication (norco and diclofenac) brings pain down to 7/10. She reports a h/o bulging disc and spinal stenosis in her back. We have not imaging studies.; The study requested 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 is 10/10 at worse and exacerbated with movement, walking. pain is non radiating. Better with pain medication (norco and diclofenac) brings pain down to 7/10. She reports a h/o bulging disc and spinal stenosis in her back. We have not imaging studies.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain is moving down the back of the leg; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain radiating to the back not improved with pain medications, difficulty sleeping due to the pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pain is sharp and aggravated by daily activities, positive for decreased mobility and limping; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain; 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 also states that she is had an accidental fall and hurt her back and is now having pain in her back, hip and left leg and numbness from in left leg down to her foot.; This study is being ordered for trauma or injury.; 03/30/2016; There has not been any treatment or conservative therapy.; Lumbar back pain, left leg pain, and parashesia LLE.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient complains of lower back pain. Says unable to afford treatment at Dr. Boos. No injection treatment given due to high deductible and she could not afford it.; 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>Patient deals with lack of sleep due to constant pain. Patient has more pain when standing and her job requires her to stand most of the day.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Initial onset was age 14 when diagnosed with DDD.; She is now age 21.; There has been treatment or conservative therapy.; Dengerative Joint Disease. Severe pain from top of neck to tailbone. Doctor will also do an arthritis panel because patient also complains of pain in her other joints.; Pt has had Physical Therapy in the past and NSAIDS. Pt had xrays or C-spine, L-spine & T-spine. Last MRI was age 14 when diagnosed with DDD. She has not yet seen a neurosurgeon.</p>	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient had a previous MRI that shows bulging disc @ L3-5 area and is not sure that something else may have happened now.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has tenderness in Rt lower back, SI joint into buttock lumbar. Paraspinal tenderness going into Rt. extremity. Patient can not sit, stand, or walk for only a short time and it becomes unbearable.; 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	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient had previous MRI in 2014 showing disc bulge at L5-S1 with mild foraminal narrowing. Also had dis protrusion with an annular tear at L4-L5. Patient has had epidural injections in the past and is needing a new MRI to have 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.; 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	patient has also been scheduled for a nerve conduction study of his lower ext; This study is being ordered for trauma or injury.; unknown; There has not been any treatment or conservative therapy.; patient has had previous neck surgery in the past, and has recently started hurting. in office xray showed fusion C5-7 w/wire in post spinous process and DJD, and his L spine xray showed DJD L5-S1 w/spondylolisthesis	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has been treat with anti inflammatory meds and other meds with no relief.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has chronic low back pain, no relief with medication; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has ddd of l spine; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has ddd of the 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has degenerative disc disease of the 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had back pain for 6 months that radiates down the right leg. Xray showed end plate spurring. Patient has tried steroids as well as pain meds for the past 6 months and has not helped.; The study 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 has had chronic neck and back pain. pain meds are not helping anymore.; This study is being ordered for a neurological disorder.; pain has been going on since 2014; There has been treatment or conservative therapy.; neck pain with radiculopathy, low back pain that is chronic; patient has done exercise therapy, medications such as pain meds and NSAIDS	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has had previous neck surgery with a fusion at C5-7 w/wire in post spinous process and DJD in the L5S1 w/ spondylolisthesis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; neck pain with limited range of motion and low back pain; medication and home exercise	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAS HISTORY OF FALL NOT SURE DATE OF FALL; This study is being ordered for a neurological disorder.; PROVIDER REQUESTING MRI'S; It is not known if there has been any treatment or conservative therapy.; NECK, MID AND LOW BACK PAIN, RIGHT ARM RADICULOPATHY, NUMBNESS BILATERAL ARMS AND FEET	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has low back pain which results into muscle spasms. Her lumbar spine is tender to touch.; 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 low back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has neck, mid, and low 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.; 09/10/2016; There has been treatment or conservative therapy.; ddd c-spine, l-spine, and t-spine, back strain; naproxen and percocet	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has ongoing back pain with muscle spasms that makes it difficult for her to walk at times. This is her first time to be seen here for this complaint.; 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 pinched nerve; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/2016; There has been treatment or conservative therapy.; Pinched nerve; Medications,	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has sharp pain radiating to the legs that is worsening. Its aggravated by movement/positioning and twisting or flexing the back. He has weak limbs and numbness/tingling in legs and feet.; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has worsening back pain with a new onset of neuropathy bilateral, with leg weakness. Needs referral to Neurosurgeon for discussion of further treatment options. MRI's required before appointments can be made.; This study is 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 with worsening symptoms.; There has been treatment or conservative therapy.; Severe back pain and stiffness. Neuropathy down legs bilateral. Weakness of muscles.; Xrays and OTC medications.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has worsening back pain worse on the right lower side down the right leg. Patient states he finds it difficult to stand. Patient has failed at physical therapy and states that diclofenac and robaxin is not helping to relieve the pain.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Difficult to stand; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has worsening pain to lower back and left lower extremity. Has completed 12 weeks of medications, nsaid, 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 had weakness noted to left lower extremity and pain with burning sensation.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient having sharp pain in lower back radiating down legs from old injury. Patient had back surgery 2015; 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 initial back pain was on 7/11/16. Patient back into clinic with continuing back pain today. Pain is radiating down legs. Patient has taken tramadol without any relief.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is a candidate for cervical and lumbar epidural steroid injections. Imaging is needed to determine further treatment options.; This study is being ordered for a neurological disorder.; 2009; There has been treatment or conservative therapy.; Tingling of the lateral right arm and left leg. Burning sensation in left leg and foot. Neck pain on right side that radiates down right arm and is chronic duration. Right upper back pain, midline, and lower back pain chronic duration. Pain demonstrated w; Physical 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 is a candidate for corticosteroid injections in her lumbar spine and right hip.; This study is being ordered for a neurological disorder.; 03/2016; There has been treatment or conservative therapy.; Worsening right low back pain with episodes of numbness in the right foot. She describes a long history of her right hip "popping out" and being fixed by her chiropractor. She Describes awakening each day with a 6 out of 10 pain which increases to 10 out ; Chiropractic Therapy and oral medications. Gabapentin 300 mg, Soma 350 mg, and tramadol 50 mg.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT IS HAVING BAD 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 is having low back pain radiating down into right leg. Right hand/fingers numbness. Muscle stiffness and spasms. History of lumbar disc degeneration.; 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 lower back pain with radiculopathy. the pain is getting worse and with sharp pains during ambulation. pain is going down both legs with some numbness and tingling.; 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 numbness down her leg with prolong standing. She states it is very tight across the lower back. She has tried and failed conservative treatments of steroids, muscle relaxers, and chiropractor; 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	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient is in constant pain; This study is being ordered for trauma or injury.; 06/28/2016; There has not been any treatment or conservative therapy.; kyphosis, compression mid t spine, and L2-4 chip fx ant	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient present with history of disc disease lumbar region. Patient has diagnoses of radiculopathy, disc displacement, and lumbago with left sided sciatica. Patient's pain is chronic, but has recently started a new job and his pain is becoming increasingl; 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 7/14/2016 to bend over pick up towel has acute back pain, spinal x-ray revealing degenerative joint disease of Lumbar spine with osteophytes. Lumbar spine tenderness.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient presents with chronic back requiring diagnostic testing to determine source of pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient recently moved to this area, and is looking for a new pain management doctor. Per pain management she was referred to, need new imaging as last MRI was in 1/2015.; The study requested 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 radiating to both buttocks. No lumbar pain on palpation. Chronic lower back pain, worsens with turning, and with muscle spasm. Tingling lower extremities below knees to feet and numbness bilateral lower extremities below knees to feet.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient was in a mva 11/2013 broken collar bone, broken ribs; This study is being ordered for trauma or injury.; 11/2013; There has been treatment or conservative therapy.; neck pain, lower back pain; medications	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient was in a MVA and the other vehicle hit his car on his side. Pt is having back pain, muscle spasms and numbness.; 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 see in ER on 8/18/2016, Failed 6 week trial of PT and meds.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; left leg numbness and weakness with falling.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	persistent lumbar back px otc meds and tramadol not help with px; 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	Positive straight leg raise test on left side and continued low back pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	possible herniated disc; 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/numbness radiating from back down lower extremity has hx of buldging lumbar 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	Previous injury a fall at work and back pain since the fall, weakness of the L lower extremity, tried medications, pain medicine, muscle relaxers and arthritis medicine and pain not being controlled by medication, R/O suspected herniated disc or nerve roo; The study 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 ct on 07/25/2016 with abnormal findings t15-s1 there is a mild disc bulge without canal or neural foraminal compromise Incidentally noted are two separate 1 mm nonabstracting intrarenal calculi in the superior pole of the right kidney; 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 X-RAY THAT SHOWS BONE SPURS, STERIODS AND ANTI-INFLAMMATORY MEDS WITH NO RELIEF; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has acute low back pain for 1 month, with no relief.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has back pain with numbness radiating to both legs. medication therapy has not relieved 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 been having continued back pain with no relief and worsening symptons even with medication. He has had the pain for more than 5 months.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; 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 having issues since 08/2015 Pain has worsened after treatments.; This study is being ordered for Inflammatory/ Infectious Disease.; 08/10/2015; There has been treatment or conservative therapy.; pain in back lower, and sacrum area and lower back pain midline, chronic back pain due to degenerative disc disease hip arthritis; Hip Injections, Nerve blocks, Physical Therapy, hydrocodone-acetaminophen, Mobic, radiofrequency neurolysis	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PT has been ordered; This study is being ordered for trauma or injury.; 08/19/2016; There has not been any treatment or conservative therapy.; h/a; trouble sleeping; neck and back pain worse on rt side	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has chronic pain ; needs mri to refer out; This study is being ordered for trauma or injury.; 10/10/2015; There has been treatment or conservative therapy.; fell down stairs, patient already had surgery on R knee, severe pain present since fall 10/10, previous torn ligaments and arthritis.; Source of patient information was patient.; Neck pain.; Lower back pain lumbar spine painful on movement ; opiates and nasoids.; medication therapy	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has had a lumbar spine x-ray but it showed no abnormalities; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has had negative xrays; This study is 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.; back pain that is radiating and causing numbness and tingling; tramadol	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has had no relief after trying oral medications and has had a negative 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.; 08/30/2016; There has been treatment or conservative therapy.; swelling to lower left back.  back and hip pain; cyclobenzaprine, tylenol #3, Mobic and ultrasound of swelling on lower back.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has had PT without relief. The pain has worsened.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt has weakness in lower extremity. Pain and tingling/numbness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has had spinal surgery in the past as well as an acute fall in the last 2 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 osteopenia, large breasts.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/26/2015; There has been treatment or conservative therapy.; gait disturbance, weakness of extremities, numbness of extremities.; multiple meds tried, rest ice, exercise.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt is a waitress who works long hours on her feet every day. She also cares for 2 small grandchildren who live with her. She has tried several different medications but that work only for short periods of time.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt is have pain in neck and back that is reaccuring; This study is 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 not been any treatment or conservative therapy.; Patient is also c/o back and neck pain	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt is having chronic pain with no relief.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/07/2016; There has been treatment or conservative therapy.; Chronic Back Pain with no relief through medication; Home range of motion exercises as well as medication.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt is having lower back pain with sciatica and she shows weakness in her leg.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt gait is uneven and she can barely lift her leg up without having to pick it up. It is interfering with her daily activities.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt is having numbness in hips and legs.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt is not able to move around due to 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt is still having back pain after 6 weeks of physical therapy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/2016; There has been treatment or conservative therapy.; tenderness (intermittent numbness/tingling to extremities. /neck tenderness /arm fatigue. tenderness across lumbar back worse after prolonged sitting /standing weakness radiates to bilateral thighs.); More than 6 weeks of physical therapy	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PT made neck worse. Weak grip in both hands; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; Chronic neck and back pain, numbness and tingling; PT	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt needs this to be referred to a specialist; 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 falling in a grocery store injuring her back, neck, and head; This study is being ordered for trauma or injury.; 7.15/16; 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	Pt reports pain started after receiving an epidural during child birth 4 months ago. Pain has progressively worsened, especially over the last month. Pt has pain that radiates down her bilateral lower extremities. Bilateral thoracic tenderness, crepitus. ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4 months prior to 8/2/2016; There has been treatment or conservative therapy.; Pain in lower to middle back that radiates down BLE. Is worse when bending over.; Medication was prescribed on 8/2/2016	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt states that she has had back pain for several years, but notes this pain worsening after recent pregnancy. Pt has taken NSAID's and muscle relaxants for her back in the past, but states these did not work well. Pt wants to have her back evaluated. P; 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 suffers with lower back pain and loss of balance.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt with pain in his lower left back and down into his L knee. Pt says it hurts to lift his L 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	Pt's disability lawyer wants her to have an MRI of her lumbar spine and both knees "since she's never had one."; This study is being ordered for Inflammatory/ Infectious Disease.; Unknown; There has not 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	R/O compression fracture.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	R/O fracture; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Abnormal motor function of lower extremities and limited flexion and limited extension	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	r/o worsening of his bulging 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 weakness.; Weakness on flexion and extension; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Radiculopathy; This study is being ordered for a neurological disorder.; 4/9/16; There has been treatment or conservative therapy.; pt has low back pain that radiates down into her right leg and lateral right knee pain; Pt has been doing at home stretches and oral NSAIDS X six weeks	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	requested to bypass clinicals; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Requesting the study to look for any bulging discs or degenerative disc 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.; 08/2015; There has been treatment or conservative therapy.; low back pain now radiating to neck;; pt was given zanaflex and came back in office with no improvement pt has also been on mobic, gabapentin and tylenol 4,	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Right leg numbness, lack of sensation, lack of ability to feel tempature. 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	right lower extremity, doing pain management now 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	right side numbness; 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	RT HIP PAIN ,NUMBNESS LEGS -OVER 6 MONTHS , NOT GETTING BETTER WITH NSAIDS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; over 6 months ago; It is not known if there has been any treatment or conservative therapy.; RT HIP PAIN ,NUMBNESS LEGS -OVER 6 MONTHS , NOT GETTING BETTER WITH NSAIDS	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	RULE OUT SLIPPED DISK OR IF PT NEEDS 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	Sciatica; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment 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.; It did not work, and it was for about 7 weeks	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Severe low back pain with Bilateral Lower Extremity Radiculopathy, Lumbosacral Spine exhibited spasms of the paraspinal muscles, Lumbosacral spine pain elicited with motion, Costovertebral tenderness on palpation, Little relief from conservative therapy 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 no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Severe low back pain. Pain radiating down 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	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	severe pain radiating down; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ongoing for 6-8mos; There has been treatment or conservative therapy.; pain and numbness; home therapy and meds for inflammation; back brace	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She also has chronic back pain and would like an 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	She doesn't not have any clinical reasons for study; 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	She exhibits decreased range of motion, tenderness, pain and spasm; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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	She has irregular gait, pain radiating into legs, interference with sleep and work, using a cane, has had surgery on her back before, getting worse since the 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	Shoulders hurt. Seeing pain mgmt.   In regard to the low back pain, this radiates to the buttocks and thighs. She states that the current episode of pain started one month ago. Associated symptoms include numbness in the legs and tingling.; 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	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Straight leg is positive on the right. He is unable to participate in physical examination because of pain.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder 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	suspected hernated disc, pt has increasing back pain for more than 6 months and getting worse, has numbness in legs, degenerative arthritis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; more than 6 months and getting worse; There has been treatment or conservative therapy.; increasing back pain and numbness in legs; patient started taking Lortab 7.5 mgs on 7/19/16 and started taking Gabapentin 300 mgs on 7/30/16	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	swelling has got worse, pain has got worse, pt has limitations on adl's; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; sharp pain radiating to leg, numbness and tingling swelling; physical therapy, anti inflammatory, steroids	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The discomfort is most prominent in the lower, left lumbar spine. This radiates to the left buttock. He states that the current episode of pain started 2 months ago.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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 discomfort is most prominent in the right, mid lumbar spine. She characterizes it as intermittent, moderate in intensity, throbbing, and stabbing. This is a chronic, but intermittent problem with an acute exacerbation. She states that the current e; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	the patient has had lower back pain for 8 months. Urology - kidney stones were ruled out. Looking for cause 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	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient's nerve conduction study showed signs of an upper motor neuron lesion. The neurologist that read it, recommended MRI's.; This study is being ordered for a neurological disorder.; Two years ago, around July 2014; There has not been any treatment or conservative therapy.; Left leg weakness with foot drop, spasticity of left leg	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 not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	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
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	14
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 completed Treatment with a facet joint or epidural injection in 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.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	15

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There is minimal Grade 1 anterior subluxation of L5 on S1. Vertebral bodies are otherwise normal in height and alignment. No fracture identified. No other subluxation seen.; 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 states that she always feels stiff and unable to move.; The patient does not have new signs or symptoms of bladder 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	there is point tenderness over L and R SI joint regions, R illicites pain at 8/10, L 4/10. + SLR Right side. no obvious muscle spasms noted. .; 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 gentleman has had 2 weeks of physical therapy, multiple steroid injections, muscle relaxers and NSAIDs. He is still unable to put on his shoes, he has great difficulty rising to standing position. He is unable to return to work and having great dis; 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	to determine if surgery is needed; This study is being ordered for trauma or injury.; 08/15/2016; There has been treatment or conservative therapy.; back pain, limited range of motion, and when she walks it feels like something is popping in her knee; Hydrocodone	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	To rule out tumor.; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Patient is having neurological deficits causing problems with daily activities; Patient has had physical therapy & done back exercises at home.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	tried a course of inceds, had plain films showed mild DDD;; The study 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	trying to make sure the patient doesn't have an ruptured 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 weakness.; leg weakness while standing or moving.; The patient does not have new signs or symptoms of bladder 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.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; 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 doing home therapy exercises as outlined by the provider for the past 6 weeks. Patient still suffers from back pain and muscle weakness.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Abnormal gait; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
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	5
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.; January 2016; There has been treatment or conservative therapy.; Pt has back pain, lower middle and upper pain that is daily, taking medications, pain radiating from back to neck, shoulder and down the leg. SLR positive bilaterally about 30-40 degrees. MDO is wanting to refer to neuro surgery; medications	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.; lumbar pain 3/4/16; cervical pain 6/15/16; There has been treatment or conservative therapy.; cervical neck pain with radiculopathy and lumbar pain with radiculopathy to left leg; medrol dose pak, mobic, oxycodone	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.; UNKNOWN; There has been treatment or conservative therapy.; NECK PAIN RADIATING IN BOTH ARMS AND BACK PAIN RADIATING DOWN HIP & LEGS; PATIENT HAS BEEN TREATED WITH PAIN MEDICATION, MUSCLE RELAXERS AND STERIODS WITH NO RELIEF	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.; 06/23/2016; There has not been any treatment or conservative therapy.; memory loss; ha; back 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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/6/2016; There has not been any treatment or conservative therapy.; BACK PAIN, MUSCLE ACHES IN THIGHS AND HANDS WITH CRAMPING	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.; Chronic pain for Years; There has been treatment or conservative therapy.; Neck pain and Low back Pain with L sided sciatica.; Pain Management for 6 months	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.; for years, unknown on the exact time; There has not been any treatment or conservative therapy.; Pt has neck and low back chronic 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 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; thoracic pain; light exercise; "10 units"	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.; 09/21/2016; There has been treatment or conservative therapy.; Primary symptoms headache, back and neck pain; Date of injury 9/21/2016 seen in NEA Baptist Hosp., and had CT Abdomen/pelvis (normal), CT Cervical Spine (normal), and CT Head (normal). Then went to PCP on 9/23/2016 and had x-ray of left knee.	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.; 16 years for the back pain and 3 years for the headaches; There has not been any treatment or conservative therapy.; low back pain and severe headaches	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.; 7/18/16; There has been treatment or conservative therapy.; Pt is unable to bend, sit or walk, muscle spasms, difficulty placing weight and trouble w/ over all movement; medications w/ no relief	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.; Hurt back while working offshore years ago and never had it looked at or treated patient just kept on working. Patient says he has constant pain, if he is moving it is better than if he is still. Here lately the pain is a little more often, the pain has s; It is not known if there has been any treatment or conservative therapy.; Pain in back that shoots down both legs, has become worse here lately.	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.; Chronic pain, difficulty getting out of bed, pain is running down both hips down to the legs.; Pain medications.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unspecified thoracic, thoracolumbar and lumbosacral intervertebral disc disorder Radiculopathy, lumbar region; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; the patient is having 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	upper extremity parathesia, and weakness.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/01/2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; home exercises, over the counter medications. Ibuprophen, alleave, tramadole	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	weakness in legs; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Will fax clinical information; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Will fax clinical information; It 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	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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	With regard to the sciatica, this radiates to the right anterior thigh. She characterizes it as moderate in intensity and sharp. This is a chronic, but intermittent problem with an acute exacerbation. She states that the current episode of pain started; 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	Worsening back pain. History of spinal fusion 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Worsening 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	Worsening leg weakness and unsteady; The study requested 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	worsening mid to lower back pain. Patient has stiffness with resting it. Patient also having joint 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; There has been treatment or conservative therapy.; Mid to lower back pain; Tylenol #3 was given to help with the pain	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	worst with lifting and walking, pain, unable to perform daily activities and to be gainful employment; 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 was done,; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	xray normal, 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	x-ray showed degenerative spurs and numbness in right 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.; Melxicam & oral Steroids	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	xrays of lumbar did not reveal the cause of pain, pain has continued and has worsened,pt now experiencing radiation of pain down legs b/l; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; mid to low back pain that radiates down thighs b/l, lumbar tenderness with some limitation of AROM due to pain, xrays performed in march of 2016 within normal limits; pain medications and anti-inflammatories	1

General/Family Practice	Disapproval	72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	multiple risk factors and symptoms of vascular disease; This study is being ordered for Vascular Disease.; unknown; There has not been any treatment or conservative therapy.; This pain is localized to the left thigh and left calf leg. The onset of pain occurred with exertion. She characterizes it as cramping. It is of moderate intensity. She estimates that the frequency of pain is several times daily. Numbness and tinglin	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	< Enter answer here - or Type In Unknown If No Info Given. >; The patient has painful hematuria.; It is unknown if the patient has had an IVP (intravenous pyelogram).; This study is being ordered due to hematuria.; This is a request for a Pelvis CT.	1
General/Family Practice	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for 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	; 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	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	1

General/Family Practice	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt had a slip and fall on a boat approx. 4 weeks ago. He continues to have pain in his groin area.; 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	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This study is being ordered due to known or suspected vascular disease.; The ordering physician is not a surgeon or PCP who is ordering on behalf of a surgeon who has seen the patient.; There is NOT plain film, ultrasound or Doppler evidence of a vascular abnormality.; This is a request for a Pelvis CT.	1
General/Family Practice	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are NO active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "There are no radiographical or ultrasound findings consistent with abnormal fluid collection, pelvic abscess, pelvic inflammation or ascites."; "There are no physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.	1

General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary		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 Inflammatory/ Infectious Disease.; 07/15/16; It is not known if there has been any treatment or conservative therapy.; Pt suffers with aches, tingling and numbness in legs.	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.; 8/12/2016; There has been treatment or conservative therapy.; Pain in shoulders, elbows, back pain, pain in the back legs; physical therapy, medications, xrays, pain medications	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.; 8/26/16; There has been treatment or conservative therapy.; abdominal pain; Zofran, no 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 trauma or injury.; 08/18/2016; There has been treatment or conservative therapy.; low back pain radiating; pain management treatment	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 trauma or injury.; 8/22/2016; There has been treatment or conservative therapy.; pain worsening, low back, right hip pain; steroids, muscle relaxors, NSAIDs	1
General/Family Practice	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.; 01/2016; There has been treatment or conservative therapy.; Right upper quadrant pain that radiates to back/ spasms; Pt had an ULTRA and CT done in the emergency room/ medications/ Takes Miralx for constipation	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	C/o hip bilateral pain-Constant sharp pain to both hip, cannot sit for long periods and after she has been setting it is a struggle to get up and walk,Chronic condition for the past 3-4 months, painful to sleep, worse with movement. c/o radiation of pain ; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	For her to get into her pain specialist to discuss possible injections, she needs an MRI done.; This study is being 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 hip and lower back area. It radiates down legs.; Patient takes pain medication and she has been given exercises to help with her back pain and hip pain.	1

General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Limited range of motion on the right 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.; 8/17/2016; There has been treatment or conservative therapy.; patient has severe pain to rt hip. and lower back.; anti inflammatory pain meds. Steroids.	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	limited range or motion and chronic pain; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Patient had a fall, patient has a fracture at the S1, and having neurological deficits; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the tail bone (coccyx).	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	PHYSICAL EXAMINATION SHOWS ABNORMALITIS OF SHOULDERS AND HIPS; PT TREATED WITH MEDICATION THERAPY ; PT DX OF CRONES AND TAKING MEDICATION; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/18/2016; There has been treatment or conservative therapy.; PAIN IN LEFT SHOULDER AND THRACIC SPINE; PAIN IN HIPS, PELVIS AND LOWER BACK; ANTIINFLAMITORY DRUGS	1

General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Pt has been having issues since 08/2015 Pain has worsened after treatments.; This study is being ordered for Inflammatory/ Infectious Disease.; 08/10/2015; There has been treatment or conservative therapy.; pain in back lower, and sacrum area and lower back pain midline, chronic back pain due to degenerative disc disease hip arthritis; Hip Injections, Nerve blocks, Physical Therapy, hydrocodone-acetaminophen, Mobic, radiofrequency neurolysis	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	pt has had no relief after trying oral medications and has had a negative 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.; 08/30/2016; There has been treatment or conservative therapy.; swelling to lower left back.  back and hip pain; cyclobenzaprine, tylenol #3, Mobic and ultrasound of swelling on lower back.	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Pt is having pain, unknown on why the Pt is having pain and is seeing a surgeon on 8/19/16.Severe abdominal pain with no relief and enlargement in appendix.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	RT HIP PAIN ,NUMBNESS LEGS -OVER 6 MONTHS , NOT GETTING BETTER WITH NSAIDS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; over 6 months ago; It is not known if there has been any treatment or conservative therapy.; RT HIP PAIN ,NUMBNESS LEGS -OVER 6 MONTHS , NOT GETTING BETTER WITH NSAIDS	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	The IP is requesting a pelvis mri to look at the sacrum.; 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	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 09/01/2015; There has been treatment or conservative therapy.; Penile pain, curavture. Peyronie's disease.; Patient is being treated for Peyronie's disease	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; July 2016; There has been treatment or conservative therapy.; Chronic pain due to trauma, stiff, painful muscles in neck. Cervical showed tenderness on palpation, muscle spasm, decreased range of motion. Cervical spine showed weakness. DDD of C3, C4 and C5. Patient has difficulty in walking due to the pain in hips. ; Patient states that he has been seeing a Chiropractor, home therapy. Patient stated that he can not take medication for the pain due to having lesions in his intestines.	1

General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Will fax clinical information; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Will fax clinical information; It 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	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; pt was in an MVA, hit head on and has pain in neck, mid back and a knot on her right hand; There has not been any treatment or conservative therapy.;	1
General/Family Practice	Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.	4

General/Family Practice	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	Osteoarthritis (M19.90).  Polyosteoarthritis (M15.9). Lab today ESR, CMP, CBC, ANA and RF. Further workup or treatment pending results. Refill Norco and Soma. Begin Sterapred dose pack as directed.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; aug 1, 2016; There has been treatment or conservative therapy.; Onset: 3 weeks ago. Severity level is moderate. It occurs constantly and is worsening. Location: bilateral shoulder. The pain radiates to the left wrist, and bilateral hands. The pain is aching, dull and throbbing. The pain is aggravated by lifting,; Soma 350 mg tablet take 1 tablet by oral route 4 times a day as needed 06/07/2016  06/07/2016 N hydrocodone 10 mg-acetaminophen 325 mg tablet Take one to two tablets by mouth every four hours as needed for pain 06/29/2016 08/19/2016 08/19/2016	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.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary		2

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	2
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The request is for shoulder pain.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < 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 something other than: known trauma or injury, metastatic disease, a neurological 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
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; I shoulder pain, neck pain; home exercises, medications,	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; 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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/11/2016; There has been treatment or conservative therapy.; arthritis; pain medicine	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.; 09/12/2016; There has not been any treatment or conservative therapy.; headaches to back of head, left shoulder pain and gone through PT without results.	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.; 3-4 months ago; There has been treatment or conservative therapy.; pain in right shoulder and with left shoulder cant raise arm with limited range of motion tender to palpation high level of pain with abduct to 90 degrees; Meds	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; ; The patient received 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	; 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 Inflammatory/ Infectious Disease.; 03/2016; There has been treatment or conservative therapy.; left shoulder burning , pain , radiation down arm , posterior neck pain; injections, meds	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.; ;	5
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.; shoulder pain; Meloxicam	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.; 07/14/2016; There has been treatment or conservative therapy.; Pain in neck and shoulder, elicited by motion. Unable to lift shoulder all the way. Xray shows abnormalities on the C spine; Steroid injection, Medrol pak, cyclobenzaprine	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.; ;	4
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.; 09/01/2016; There has been treatment or conservative therapy.; Tenderness, decreased ROM, crepitus, neck pain, numbness, spasm, shoulder pain, arm pain, myalgias, arthralgias; Medrol dosepak, naprosyn, flexeril, zanaflex, norco	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	catching/locking; popping/clicking; grinding; instability; radiation down arm. injury a year ago, patient has not had insurance until recently.; 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	he has had 2 previous injuries and is unable to raise his left arm past 90 degrees decrease ROM, decrease muscle strength. He is looking for a rotary cuff tear; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of 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	increased pain, cant lift arm; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; 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	It radiates to the elbow. . Prescriptions: Duexis Norco r hx R rotator cuff scope.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; initially 2 months ago; There has been treatment or conservative therapy.; severe, constant, sharp, throbbing, and stabbing. Related symptoms include shoulder stiffness, a sensation of shoulder instability, and weakness.; The pain is relieved with pain medication. Past medical history is pertinent for hx R rotator cuff scope.	2
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	MD wants to r/o out rotator cuff tear; This study is being ordered for a neurological disorder.; 05/29/2016; There has been treatment or conservative therapy.; severe right shoulder pain with movements, neck pain not improved with pain medications or PT.; PT, medications	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Motor Vehicle Accident Fell off 2-story building; 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	No Info given; This study is being ordered for a neurological disorder.; 6 months ago; There has been treatment or conservative therapy.; Patient has pain that radiates down to legs. The shoulder patient losses grip, and can not pick anything up.; Hot and Cold alternate at home and is taking anti inflammatory medications.	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	none; The requested study is a Shoulder MRI.; The pain is 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	none; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has not been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; stretching, for 6 weeks	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	none; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	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.; 1 yr; There has been treatment or conservative therapy.; Sharp Pain , constant pain; Medication ,	2

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>Osteoarthritis (M19.90).&#x0D; &#x0D; Polyosteoarthritis (M15.9).&#x0D; Lab today ESR, CMP, CBC, ANA and RF. Further workup or treatment pending results. Refill Norco and Soma. Begin Sterapred dose pack as directed.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; aug 1, 2016; There has been treatment or conservative therapy.; Onset: 3 weeks ago. Severity level is moderate. It occurs constantly and is worsening. Location: bilateral shoulder. The pain radiates to the left wrist, and bilateral hands. The pain is aching, dull and throbbing. The pain is aggravated by lifting,; Soma 350 mg tablet&#x0D; take 1 tablet by oral route 4 times a day as needed&#x0D; 06/07/2016&#x0D; &#x0D; 06/07/2016&#x0D; N&#x0D; hydrocodone 10 mg-acetaminophen 325 mg tablet&#x0D; Take one to two tablets by mouth every four hours as needed for pain&#x0D; 06/29/2016&#x0D; 08/19/2016&#x0D; 08/19/2016&#x0D;</p>	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>pain and numbness; 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

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>pain is worse with movement. States he can hardly raise his right arm above his neck; This study is being ordered for trauma or injury.; 2010; There has been treatment or conservative therapy.; - pain and numbness at times in right arm worse with heavy lifting; - patient c/o right shoulder pain that has been increasing daily; Chiropractor, NSAIDS</p>	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>Patient complains of shoulder pain. Pt would like to discuss having an MRI done. She complains of right shoulder pain. It radiates to the arm and neck. The pain initially started 3 months ago. The apparent precipitating event was Shoulder/ arm pain be; This study is 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; It is not known if there has been any treatment or conservative therapy.; Patient complains of shoulder pain. Pt would like to discuss having an MRI done. She complains of right shoulder pain. It radiates to the arm and neck. The pain initially started 3 months ago. The apparent precipitating event was Shoulder/ arm pain be</p>	2
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>patient had an abnormal in office x-ray showing DJD of the shoulder; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.</p>	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>patient is having paresthesia of the right upper extremity; This study is being ordered for a neurological disorder.; 04/23/16; There has been treatment or conservative therapy.; cervicalgia, right shoulder pain, paresthesia; patient has taken aspirin</p>	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	patient is in severe pain with both shoulder and head!; This study is being ordered for trauma or injury.; 6 months ago; There has been treatment or conservative therapy.; Primary symptom photophobia for the head. ; ; the shoulder primary symptom is shoulder stiffness.; naproxen 500mg PRN, ibuprofen 200mg PRN	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient's pain with ROM has increased and her grip strength in her right has diminished between her first visit on 7/16/2016 and her most recent visit on 7/21/2016.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Week of July 9th, 2016; There has been treatment or conservative therapy.; Right thumb pain, worse with movement. Tenderness in R fingers, R thumb, moderate pain with ROM, diminished grip in R hand.; Patient has worn a thumb spica wrist brace since 7/16/2016. Patient has been taking OTC NSAIDs with no relief, and using rest, ice, elevation therapy.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Prev surgery on Lt shoulder decreased ROM and pain from neck to upper back with Radiculopathy; This study is being ordered for trauma or injury.; 07-25-2016; It is not known if there has been any treatment or conservative therapy.; Neck, Lt shoulder and upper back pain from MVA	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	pt has done physical therapy for 6 weeks and has been on ibuprofen and Tylenol and the pain has increased.; 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	Pt was seen in ER after initial visit to PCP MRI and /or Nerve Conduction 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.; 06/15/2016 about 6 weeks ago; There has been treatment or conservative therapy.; pain in right arm, right shoulder that extends to neck area  limited range of motion constant pain and sharp pain greater than 6 weeks; pt was given flexeril , no relief in symptoms . pt also was seen at ER and was give toradol and dilaudid, with some improvement,	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	R shoulder pain,aching; sharp, constant; worsening, numbness (in arms/hands b/l after waking up); radiation down arm (and into R side of neck, limited ROM (R shoulder active/passive ROM only to 90 deg abduction and pain with external/internal rotation) ; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	ROM abnormal; pain in shoulder; Osteoarthritis; 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	tenderness to left lateral and posterior hip, limited PROM left hip due to pain, moderate tenderness to shoulders b/l with limited abduction and ability to place arms behind back 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.; unknown; There has been treatment or conservative therapy.; chronic pain to left hip that has gradually worsened,pain increases with movement and is aggravated at night if laying on that side and with activities,pain to shoulders b/l that worsens with movement and when raising arms; pain medication and anti-inflammatories	2
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The patient is having pain in his Left Shoulder. The patient has had xrays that were normal. MRI is requested to further investigate pain.; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.";	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; < Enter answer here - or Type In Unknown If No Info Given. >	2
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."; continuing pain to right shoulder following fall times 2, xray of shoulder was normal	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."; DECREASE RANGE IN MOTION, PAIN ON EXTERNAL ROTATION, DECREASED ABDUCTION (90), PT TRIED INJECTIONS WITH NO RELIEF.	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "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."; Degenerative changing in left 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."; left shoulder is unable to adduct above 90 degrees laterally	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 increase pain since date of onset of 9/14/15. Decreased ROM, has fail Physical Therapy, Narcotic Pain Medications use, OTC Pain medication use and shoulder injections.	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 shoulder with xray of shoulder being normal	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Pt c/o right shoulder pain for more than 10 weeks...no relief; c/o decreased ROM, arm weakness and sharp pain.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; pt has had pain in Left shoulder. Pain is worse with movement. pain interferes with pts sleep. Pain is described as a burning pain but not always. Patient can not lift heavy objects. requesting MRI of left shoulder for tomorrow..	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Pt has pain starting a week from 8/10/16 and MDO is looking at carpal tunnel, symptoms are mild sharp throbbing and stabbing pains	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; PT IN CHRONIC PAIN AFTER HURTING HIS SHOULDER. ROTATOR CUFF MIGHT BE SPRAINED. IT HURTS TO LIFT HIS SHOULDER 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.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Pt is experiencing Rt shoulder pain after a fall. Her pain has not improved after 2 weeks of conservative treatment. She is also experiencing a reduced ROM.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Pt is having pain due to 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."; Pt is having severe right shouder pain that he noticed while doing yard work. Dr. suggest MRI as soon as possible. xray returns normal findings with no effective results to oral 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.; "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. hurt his shoulder and hurts to lift it up. Painful with abduction, tender palp deltoid. DR is trying to see if the he has a rotator cuff injury. It is causing sleeping problems.	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.;	2

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Patient believes she may have a pinched nerve in 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.; 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 arm pain, tingling and numbness	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 states his shoulder has popped out of place Monday, Tuesday, and today. Was initially injured 2014, Oct 2015, and now. Pain has progressively gotten worse. Xray from Oct 2015 was normal.	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 is tender to palpitation and manipulation. decrease in extension of shoulder and rotation.	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	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.; Taking over the counter anti inflammatory at home	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.;	10
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; < 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.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; had a x-ray done and was abnormal	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.; Injury over 20 years ago, causes constant 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.; left shoulder pain with decreased range of motion. Ortho appointment is being scheduled, and they want an MRI.	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 fell out of bed, has pain in the right shoulder, has been taking anti inflammatory	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 hurt arm 2 weeks ago still having pain in shoulder taking muscle relaxer and pain medication but still having issues	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 injured shoulder in april of 2016 and it is still hurting her	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.; x-ray came back normal. Wants to check muscles.	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.; Pt had fall, legs gave way and fell on shoulder. Pt is in pain and unable to use his arm, decreased mobility, joint instability, shoulder spasms. R/O rotator cuff 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.; Study being ordered for post-operative evaluation.; The ordering physician is not an orthopedist.; There are no documented physical or laboratory findings of a joint infection.; There are no documented physical or plain film findings of delayed or failed healing.; There are no documented physical or plain film findings of prosthetic device dislocation.; patient is having pain and loss of motion after surgery to 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.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; patient has been having chronic pain and has Right Rotator 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.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; PT CANNOT MOVE OR LIFT SHOULDER, LIMITED RANGE OF MOTION, GENERALIZED WEAKNESS IN SHOULDER, OLD INJURY HAS GOTTEN WORSE, SHOULDER MADE POPPING SOUND, MDO WANTS TO RULE OUT ROTATOR CUFF RUPTURE	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The patient has not had recent plain films of the shoulder.; The patient has not had a recent CT of the shoulder.	1

General/Family Practice	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 patient has not had recent plain films of the shoulder.; Patient has 2 year history of right shoulder pain. She broke her humerus and dislocated that shoulder back in 2007. She has had issues since then, but really just worsening over the last 2 years. Dr. Carlson was doing some injections to this 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 patient has not had recent plain films of the shoulder.; Pt presents with complaints of continuing right shoulder pain. She has taken NSAIDs and been through physical therapy without any significant improvement. She does have a little increased ROM but she still has pretty significant pain with certain movement	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
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.	1

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

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	To determine the cause of the patient's chronic pain; This study is being ordered for a neurological disorder.; 08/08/2014; There has been treatment or conservative therapy.; Debilitating neck pain that radiates down into her right shoulder.; Physical Therapy & Home Exercises	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.; 2008; There has been treatment or conservative therapy.; Chronic Pain, burning, inflammation.; PT and Anti inflammatory and Muscle relaxers. Narcotic pain meds.	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.; pain and grinding in both shoulders. Patient states that he had surgery of the left shoulder in the past.	2

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	xray of left shoulder in 9/2015 showed mild 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.; initial date of onset , unknown, but has been going on for a long time; There has been treatment or conservative therapy.; pain to shoulders b/l, limited ROM due to pain; injections to shoulders, pain medications, anti-inflammatory medication	2
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	xray on shoulder - real sharp pain went to ER decreased range of motion; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment 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	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	Previous reconstruction surgery 10/2011; This study is being ordered for trauma or injury.; 06/28/2016; There has not been any treatment or conservative therapy.; pain, tenderness and swelling	2

General/Family Practice	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	Pt has fracture of L tibia and previous surgery, screw where his pain, swelling and deformity are; This study is being ordered for trauma or injury.; Pt has had trauma to leg, xray shows tibia fracture and overgrowth of bone in ankle. Leg and ankle is swollen and deformed. Pt is need to go back to surgeon that originally put a screw in his ankle; There has been treatment or conservative therapy.; pain, swollen, ankle & leg deformity; Pt was given OTC pain meds, xray shows fracture and screw from previous surgery	2
General/Family Practice	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1

General/Family Practice	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is 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 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
General/Family Practice	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1

General/Family Practice	Disapproval	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.	2
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.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary		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.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has 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	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; still in pain worsening 2 months; The patient received oral analgesics.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is 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 something other than: known trauma or injury, metastatic disease, a neurological 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
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.; 05/11/2016; There has been treatment or conservative therapy.; arthritis; pain medicine	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.; 05/24/2016; There has been treatment or conservative therapy.; pain radiating to left leg with numbness and tingling, obese; home exercises, steroids, anti-inflammatories	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.; 11.2015; There has been treatment or conservative therapy.; KNEE PAIN; HAD HOME PHYSICAL THERAPY TAKING MEDICATION / HOME EXERCISES	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.; < 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	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 06/2016; There has not been any treatment or conservative therapy.; severe pain	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.; She doesn't know; It is not known if there has 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	; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; 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.; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; No, patient has not completed and failed a course of conservative treatment.; 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	; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; There is conservative treatment other than physical Therapy, physician directed course of non-steroidal medications, Immobilization or Physical directed exercise.	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 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.; Approx. 1/2015 is when left hip pain started. She has numbness from left hip to left knee. She has since developed left knee pain also. An MRI was ordered on her hip in 10/2015 but patient did not go.; There has been treatment or conservative therapy.; left hip pain, left knee pain, numbness from left hip to left knee, burning/tingling in both feet that is worsening; She has been treated with pain medication with no improvement of symptoms. She has also used rest and compression on knee with no improvement.	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.; Patient is having leg pain, swelling, and redness. Leg is worm to touch.; There has not been any treatment or conservative therapy.; leg pain, swelling, redness, and worm to touch.	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.; ; It is not known if there has 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.; ; 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 trauma or injury.; ; 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 trauma or injury.; 06/24/2016; There has been treatment or conservative therapy.; Left foot and ankle pain x 2 weeks with swelling.; Tylenol, Dicofenac, ice and elevation.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	abn finding on x-ray, swelling; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Abnormal CT requires further imaging to R/O internal derangement; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Bilateral Knee 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.; 09/01/16; There has been treatment or conservative therapy.; bilateral chronic knee pain; Patient was given home exercises , she was also given tramadol .	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	difficulty walking; This study is being ordered for trauma or injury.; 2015; There has been treatment or conservative therapy.; knee pain,; PT, pain meds,	2

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Inspection: no erythema; no muscle atrophy; gait is antalgic; Palpation: spasm of the left and right lumbar paraspinal muscles; Neurovascular: normal; Muscular Strength: normal; Range of Motion: limited active ROM with flexion, left lateral bendi; This study is 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.; She presents for left knee pain. Her symptoms are progressive worsening over last months. NSAIDs have not helped Low back pain details; the discomfort is most prominent in the lower lumbar spine. She characterizes it as constant, mild in severity, a; DICLOFINAC SODIUM Has failed a trial of rest and NSAIDS	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Inversion injury to the left ankle; The patient has not had a recent bone scan.; This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	knee brace, NSAIDS, and home exercises did not relieve 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

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Knee joint pain on the right in the patellofemoral region, accompanied by a grating sensation when actively moved, worse while standing, walking, pivoting, rising from a seated position. Pain is increased by twisting, ascending or descending stairs, durin; 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	Knee pain is the main reason for study; 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
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	knee pain; burning, worsening, popping and buckling; 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 examination: Inspection: normal skin, soft tissue and bony appearance; no gross edema or evidence of acute injury;; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; 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	Left knee with marked effusion with painful extension and flexion. PPFE. Weight bearing limited. Patient starting Norco and instructed to Ice and elevate with no weight bearing.; 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
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	none given; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	none given; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Some locking and catching in the left knee. trouble sleeping because of pain, Knee tenderness, swelling painful range of motion, Internal derangement of left knee; Norco, OTC Aleve; The patient received medication other than joint injections(s) or oral analgesics.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	none; 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	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.; Narco; The patient received medication other than joint injections(s) or oral analgesics.	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	none; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for a neurological disorder.; 02/2016; There has been treatment or conservative therapy.; Knee pain back pain; Injections in bilateral knees rx medication	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/2016; There has been treatment or conservative therapy.; numbness & tingling in left left with hip pain radiating into left leg; Ibuprofen	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.; 08/28/2013; There has not been any treatment or conservative therapy.; Chronic hip and knee pain	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	pain is worse in the popliteal fossa and with ROM,Recurrent right knee pain, Not sure if she has developed an articular cartilage defect but recommend MRI to help determine the cause of her worsening and recurrent pain, tenderness of the popliteal fossa,; 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

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	patient c/o right knee pain with swelling and popping noise for two weeks. in office x-ray showed DJD with soft tissue edema bilateral; 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	Patient had left knee meniscus tear in 2011, attended physical therapy at that time. Recently reinjured knee and is now having pain in left knee x 1 week and instability of knee with audible cracking/popping.; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	patient has also been scheduled for a nerve conduction study of his lower ext; This study is being ordered for trauma or injury.; unknown; There has not been any treatment or conservative therapy.; patient has had previous neck surgery in the past, and has recently started hurting. in office xray showed fusion C5-7 w/wire in post spinous process and DJD, and his L spine xray showed DJD L5-S1 w/spondylolisthesis	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient has had an injury since March that has not gotten better with therapy and needs this study to move forward with a specialist; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient has had knee pain since 07/05/16. Patient has tried rest and medicine such as Ultra and Naprosyn with no relief.; 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 has pain in their left ankle and foot; This study is being ordered for trauma or injury.; 06/25/16; There has been treatment or conservative therapy.; left ankle and foot sprain, swelling, bruised; hydrocodone-acetaminophine	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient has tried all required conservative therapy methods for the required amount of time. This has now been documented. Patient does not like having to take medication so he wants to get imaging to find out if the cause of the pain can be repaired.; This study is being ordered for Inflammatory/ Infectious Disease.; before April 2016; There has been treatment or conservative therapy.; Severe knee pain with locking and popping.; Patient has tried NSAIDs, rest, ice, compression, elevation and took off work to stay completely off knees. None of these things helped. Pain medication only provides temporary relief.	2

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient injured her knee and was seen in our office on 06/27/16 and was put in an immobilizer and given Mobic. Patient has no relief and is still in pain.; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	PATIENT IS HAVING PAIN IN KNEE AND HIP.; This study is being 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 RIGHT KNEE, AND IN RIGHT HIP	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient to be evaluated for knee pain. This is the right knee. This began month ago. She describes the intensity of pain as moderate. Associated symptoms include dull ache, swelling and pain with wt bearing. She denies associated locking, popping, re; 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.; exercise; It is not known what type of medication the patient received.	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	PLEASE SEE CLINIC NOTES UPLOADED; This study is being ordered for Inflammatory/ Infectious Disease.; UNKNOWN; There has been treatment or conservative therapy.; ABDOMINAL PAIN FOOT PAIN; UNKNOWN	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Possible MMT, mild tenderness to the touch.; 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 AN X RAY OF RT KNEE AND WAS NORMAL NO FRACTURES OR BROKEN BONES, WE WOULD LIKE TO FURTHER EVALUATE FOR ANY TORN TENDONS OR OTHER LIGAMENTS D/T PATIENTS PAIN WORSENING AND RADIATING TO RT HIP. PT IS STILL WORKING WITH INJURY.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	pt has had venous Doppler that was normal. doctor would like MRI to further assess.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/06/16; There has been treatment or conservative therapy.; pain, swelling; pt has taken hydrocodone with no improvement. pt has been wearing brace and using crutches no weight bearing. no improvement to pain/swelling	2

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Pt has had xrays done. Pain is not getting better.; This study is being ordered for Inflammatory/ Infectious Disease.; 7/20/2016; There has been treatment or conservative therapy.; Pt has pain in both knees along with swelling.;	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	pt states that she stands all day on job and that the pain to left knee started 1 week ago while standing at work, states that when she got home and sat down the pain worsened; 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	Pt's disability lawyer wants her to have an MRI of her lumbar spine and both knees "since she's never had one."; This study is being ordered for Inflammatory/ Infectious Disease.; Unknown; There has not been any treatment or conservative therapy.; Unknown	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Radiculopathy; This study is being ordered for a neurological disorder.; 4/9/16; There has been treatment or conservative therapy.; pt has low back pain that radiates down into her right leg and lateral right knee pain; Pt has been doing at home stretches and oral NSAIDS X six weeks	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	swelling and pain in left leg; This study is being ordered for Vascular Disease.; 05/19/16; It is not known if there has been any treatment or conservative therapy.; swelling and pain in left leg	2

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	swelling has got worse, pain has got worse, pt has limitations on adl's; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; sharp pain radiating to leg, numbness and tingling swelling; physical therapy, anti inflammatory, steroids	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	There is moderate localized edema in both lower extremities. Right knee pain on palpitation and reduced ROM. There is significant swelling of right foot. X-ray of right foot was done on 8/12: severe arthritic changes of the foot and deformity of foot, que; This study is being ordered for trauma or injury.; Several months ago, actual date is unknown.; There has not been any treatment or conservative therapy.; There is moderate localized edema in both lower extremities. Right knee pain on palpitation and reduced ROM. There is significant swelling of right foot. X-ray of right foot was done on 8/12: severe arthritic changes of the foot and deformity of foot, que	2

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; "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 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 Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Limited range of motion	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The 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
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
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 evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is 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.	8
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	to determine if surgery is needed; This study is being ordered for trauma or injury.; 08/15/2016; There has been treatment or conservative therapy.; back pain, limited range of motion, and when she walks it feels like something is popping in her knee; Hydrocodone	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	To evaluate an injury; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	unknown; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or 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	Unknown.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2008; There has been treatment or conservative therapy.; Chronic Pain, burning, inflammation.; PT and Anti inflammatory and Muscle relaxers. Narcotic pain meds.	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 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	Unknown; This study is being ordered for Inflammatory/ Infectious Disease.; This pain has been an issue for "months" per patient report.; It is not known if there has been any treatment or conservative therapy.; Patient has pain in both knees, on both sides. The pain worsens with weight bearing. It has worsened over the past several months.	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.; Approx 08/08/2016; There has been treatment or conservative therapy.; Foot pain, ankle pain elicited by motion and weight bearing, tenderness on palpitation; ibuprofen, ACE bandage, rest	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	We are trying to rule out a torn meniscus or torn acl.; 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	Will FAX; 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	xray completed, concern for torn meniscus; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	xray on knee showing moderate arthritis.; 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	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.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; The hip pain is due to a recent injury.; The request is for hip pain.	1
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 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	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 neurological disorder.; 6/2016; There has been treatment or conservative therapy.; LOW BACK PAIN, WEAKNESSK, SHARP PAIN, AND STIFNESS.; ANTI- INFLAMMTORY	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.; 7/7/16; There has been treatment or conservative therapy.; pain in leg, sever pain can hardly walk/ aspectic necrosis; medication	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.; lumbar-7/6/16 hip-7/6/16; There has not been any treatment or conservative therapy.; lumbar-lower back pain with movement, hip-hip pain with movement	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.; 09/01/2016; There has been treatment or conservative therapy.; chest pain, left lateral, seizures, joint pain in right hip radiating down leg; anti inflammatory 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	; This study is being ordered for Inflammatory/ Infectious Disease.; Approx. 1/2015 is when left hip pain started. She has numbness from left hip to left knee. She has since developed left knee pain also. An MRI was ordered on her hip in 10/2015 but patient did not go.; There has been treatment or conservative therapy.; left hip pain, left knee pain, numbness from left hip to left knee, burning/tingling in both feet that is worsening; She has been treated with pain medication with no improvement of symptoms. She has also used rest and compression on knee with no improvement.	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pt is having back and hip pain that radiates down and throbs. nothing helps with pain.; There has been treatment or conservative therapy.; back and hip pain that radiates down and throbs.; pt has tried norco with no help.	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.; ; There has been treatment or conservative therapy.;	3
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has not been any 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.; 06/14/2016; There has been treatment or conservative therapy.; severe low back pain which radiates into hip and groin area.; patient has had steroid injections without improvement as well as physical therapy without improvement.	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	Diabetic Patient weighs(350lbs) to much for our x-ray machine. His pain and radiculopathy is severe enough I would recommend an MRI. He is unable to walk without a limp.increased pain in right hip. He drives a truck. The pain has increased. Complains of l; This study is being ordered for a neurological disorder.; 01/18/2016 office visit; There has been treatment or conservative therapy.; Complains of lower back pain. He reports numbness and tingling into top of right leg/thigh. Limp with right leg; patient is a truck driver, and has been taking otc nsaid and hydrocodone and zanaflex	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	I side sciatica;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/01/2015; There has been treatment or conservative therapy.; hip pain unable to walk w/o pain;; otc nsaid; px nsaid; hep	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	Medication attempted since date of fall: Neurontin Tylenol with Codeine Diclofenac; This study is being ordered for trauma or injury.; 05/26/2016; There has been treatment or conservative therapy.; left hip pain with instability of hip.  Patient has fallen multiple times due to this Lumbar back pain with radiculopathy; at home exercises, 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	Pain in left hip with weakness radiating down leg.; 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	patient diagnosed with Cushing 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.; more than 1 year; There has been treatment or conservative therapy.; chronic back and hip pain; PT last year	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	patient had tia, right facial paresthesia, left hip pain; This study is being ordered for a neurological disorder.; 09/04/16; There has been treatment or conservative therapy.; tia, right facial paresthesia, left hip pain; cyclobenzaprine, ultram	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	Patient is a candidate for corticosteroid injections in her lumbar spine and right hip.; This study is being ordered for a neurological disorder.; 03/2016; There has been treatment or conservative therapy.; Worsening right low back pain with episodes of numbness in the right foot. She describes a long history of her right hip "popping out" and being fixed by her chiropractor. She Describes awakening each day with a 6 out of 10 pain which increases to 10 out ; Chiropractic Therapy and oral medications. Gabapentin 300 mg, Soma 350 mg, and tramadol 50 mg.	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	PATIENT IS HAVING PAIN IN KNEE AND HIP.; This study is being 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 RIGHT KNEE, AND IN RIGHT HIP	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	positive for extremity weakness, joint pain, right leg/groin pain.  physical exam findings: Hip: right asymmetry of iliac crest, Range of motion: moderately reduced ROM. pain and reduced ROM with adduction, ext and int rotation.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/28/2016; There has not been any treatment or conservative therapy.; symptoms are acute, right leg locking up, pain starts in her right groin and radiates down to the knee. she describes the pain at cramping and hurting. walking aggravates the pain. She has fallen twice since the pain started	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	tenderness to left lateral and posterior hip, limited PROM left hip due to pain, moderate tenderness to shoulders b/l with limited abduction and ability to place arms behind back 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.; unknown; There has been treatment or conservative therapy.; chronic pain to left hip that has gradually worsened,pain increases with movement and is aggravated at night if laying on that side and with activities,pain to shoulders b/l that worsens with movement and when raising arms; pain medication and anti-inflammatories	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 being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is 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	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 a suspicion of AVN.	1
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is 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

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 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

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.

1

General/Family Practice

Disapproval

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

Radiology Services Denied Not
Medically Necessary

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

General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is 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.; 6/1/2016; There has been treatment or conservative therapy.; acute pain in back down though the left hip, sharp pain in straight leg raises,; medications, steroid injections long and short acting, inflammatory ,	1
General/Family Practice	Disapproval	73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; 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	< 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	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	4
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < 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	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.; 06/20/2016; There has been treatment or conservative therapy.; CHEST PAIN ABDOMINAL PAIN /; PPI ABDOMINAL PAIN /ESOPHAGEL	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 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

General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; Nov 2015; There has been treatment or conservative therapy.; sever lower limb pain. feels as if bricks on his feet when walking. ; Starts in low back all the way to his feet. Worse in the morning. ; No relieving factors, worsening symptoms.; tramadol; naproxen; ice and heat alt. ; home exercise. ; ; All ineffective in relieving the pain	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Abd pain in the upper abd, severe. constipation, 1 episode of vomiting & gas. No fever or weight loss, not able to tolerate food. Tried several OTC meds & fleet enema w/ 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

General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Abdominal pain , and abnormal ultrasound.; 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.; 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	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	abdominal pain, and vomiting blood; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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	abdominal pain, nausea, diarrhea, 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	Diabetic patient with left upper quadrant pain without other associated symptoms; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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	ELEVATED LIVER FUNCTIONS, NEGATIVE HEPATIIS PANEL; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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	enlarged lymph nodes at base of neck-growing after antibiotic treatment; smoker with COPD and unexplained weight loss; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pt with enlarged lymph nodes, unexplained weight loss, COPD, hyponatremia, smoker, dyspnea; There has been treatment or conservative therapy.; ; 06/27/2016 - given Bacrim DS for sore throat with enlarged lymph node	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Medical records will be faxed-; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	n/v/d with epigastric abdominal mass seen on in house ultrasound; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.	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	pain in abdomen; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1

General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is having abdominal pain. He thinks he may have gallstones. Patients father just passed away from liver 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
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is having pain in under her right breast and upper right abdomen. The pain is not manageable. At times there is something that will pouches out and then will go back in.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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>Patient presents with abdominal pain that worsens with eating. Pain radiates into her back. Decreased appetite with nausea and vomiting with abdominal pain. Constipation present often. Patient received ultrasound of gallbladder with normal results furt; 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	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient states stomach is still hurting and "bubbling" and omeprazole isn't helping.&#x0D; Abdominal pain, the pain began a few months ago,pain is located in the epigastrium, pain is frequent,is intermittent, Worsening,severity of the pain is moderate,Aggrava; 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	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	possible hiatal hernia in the chest x-ray; 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	pt is having blood in stool. blood in bright red. no itching around rectum. does feel sluggish and weak. some stomache with nausea. some lower left abdominal pain. family history of stomach 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

General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt presents with complaints of pain in his upper abdomen. It has been present for over 6 months and is getting much worse. He is getting significantly SOB with exertion now. He attributes his SOB to the pain in his upper abdomen not letting him take a full breath; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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	pt will elevated liver functions, flank pain and + for Epstein bar virus.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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	Records will be faxed; 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.; It is not known if there are physical findings or lab results indicating an intra-abdominal bleed.	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	S/P gastric bypass; 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	She has excessive heart burn (constant)  Unable to relieve the symptoms. She has worsening symptoms while using PPI'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
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	symptoms are intermittent for the past week, 9/10 pain scale, have worsened, relieved by passing gas, bloating, constipation and gas; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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	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

General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UMBILICAL CORD ABCESS; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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	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	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Pt had ABI that was negative for DVT but patient still has knot behind her knee. She is unable to stand for any length of time. She has edema.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; several months ago; It is not known if there has been any treatment or conservative therapy.; Knot behind knee. Patient unable to stand for long periods of times. Edema	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.	2
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.	4
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.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.	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.; 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

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; The reason for the study is 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
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; 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	< 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	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.	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.; 06/04/2016; There has been treatment or conservative therapy.; CHRONIC COUGH; MEDICATIONS	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.; 12/21/2015; There has not been any treatment or conservative therapy.; ABDOMINAL PAIN	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.; 5/16/16; There has been treatment or conservative therapy.; pain, upper back and lumber pain; pain medications	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.; 8/12/2016; There has not been any treatment or conservative therapy.; pain, upper quad-lower quad- chest 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.; 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	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This 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	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	26 yr MALE patient w/ abd pain for FIVE months; this was surgery site. r/o hernia.; This is a request for an abdomen- pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	49 yo female noted to have lymphadenopathy in the neck, hepatomegaly on exam, intermittent fever, myalgias, oral ulcers. Please evaluate for signs of mass/malignancy.; 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	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	6.8 cm L adnexal lesion, 4 cm R adrenal mass, fatty liver, & infra- and periumbilical hernias. Has seen Endocrinologist & Gen Surgeon Dr Mesko following adnexal mass. . She estimates that the frequency of pain is several times daily. Associated symptom; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first 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	abd pain getting more severe n/v bloating; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was 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	ABD Pain in upper quad. that radiates to the back.; 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

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	abd pain with dysuria. Imagining necessary to rule out obstructing renal 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	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Abd swelling and pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	ABDOMEN: soft, nondistended, tenderness in the , left lower quadrant, right lower quadrant.  FEMALE GENITOURINARY: COTTAGE CHEEZE like discharge and erythema of the vaginal walls, external and interal labial folds with underlying erythema and de; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or 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

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Abdominal pain  The symptoms began 1 week ago and generally lasts 1 Week. The symptoms are reported as being moderate. The symptoms occur randomly. The location is Abdomen. She states the symptoms are acute and are of new onset. patient here with husband; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	abdominal pain flank pain -; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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	abnormal blood chemistry.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/23/2016; There has not been any treatment or conservative therapy.; abdominal pain.	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	CBC and UA negative; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/01/16; There has not been any treatment or conservative therapy.; right sided abdominal pain mid to upper right side with tenderness around the flank to the back	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; Looking for kidney stones. Patient is having flank pain with hematuria .; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Exams: ABD: has GUARDING and rebound with fullness in RLQ with distant bowel sounds as well.; Severe constipation for weeks and some more nausea recently with GAURDING and rebound and FULLNESS felt in RLQ with pain worsening so will get CT scan to furth; 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	failure conservative tx; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	guaiac negative-no large internal hemmorhoids,several moderate external hemorrhoids,but not thrombosed and not actively bleeding,Ref to GI; History of Present Illness: 1. Rectal bleeding ; Onset: on 09/12/2016. Quality: BRBPR w/ bowel movement and maroo; 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	h/x of 5 lumbar surgeries last one was in 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.; 8/3/16; There has been treatment or conservative therapy.; Pt has left flank pain, and mid back pain that radiates to under shoulder blades, chronic neck pain,; medications	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	He has elevated liver function, 25lb unintentional weight loss over 4 month period. Abdominal pain of LUQ; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Moderate RUQ and epigastric pain. Decreased appetite.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; 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	none; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for Inflammatory/ Infectious Disease.; 06/24/2016; There has been treatment or conservative therapy.; abd pain, diarrhea for a month, change in bowel habits; antibiotics	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient came to us on 08/22/16 with severe lower right quadrant pain, sharp pains radiate to her mid. abdominal area. The patient stated at that time the onset was 4 days prior to her appt. Patient is still having these same symptoms today without any rel; This is a request for an abdomen-pelvis 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	patient has chronic abdominal pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; 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	PATIENT HAS HAD VOMITING AND DIARRHEA FOR DURATION OF 3 WEEKS AND RECENTLY STARTED HAVING SHARP ABDOMINAL PAIN.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is having guarding tenderness and right upper quadrant pain 10/10 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	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	patient presents with 2 weeks of worsening abdominal pain with no known cause requiring medical imaging to help determine cause of pain.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is 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 stated with R UQ pain over weekend. Patient took a laxative and thought she was better. She had GB out last year. She reports pain is similar in nature. No fever, no chills, no SOB she has had no dysuria or hematuria. Some vomiting this morning.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; It is not known if the pain is acute or chronic.; This is 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	Physician believes this could be a kidney stone and needs further evaluation with a CT scan.; This is a request for an abdomen-pelvis 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	PLEASE SEE CLINIC NOTES UPLOADED; This study is being ordered for Inflammatory/ Infectious Disease.; UNKNOWN; There has been treatment or conservative therapy.; ABDOMINAL PAIN FOOT PAIN; UNKNOWN	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	possible hernia; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Pt had fall on Monday, severe pain in low abdomen,. Pt has palpable mass.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has flank pain and hematuria consistant with renal stone. Need renal stone CT.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were 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	Pt has persistent diarrhea c LLQ abd. pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is 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	Pt is having chronic severe abdominal pain, that has worsened recently, it intensifies after meals; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study 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

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Pt presented to clinic for right pelvic pain. She has a history of ovarian cyst. Pain is sharp and stabbing. Pelvic ultrasound shows thickening of the endometrium.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This 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	pts wbc was elevated, AST was extremely high at 178 and her ALT was high at 307; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	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 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	r/o gallstones and diverticulitis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	r/o possible infectious disease or 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.; unknown; There has not been any treatment or conservative therapy.; pain and soreness in the neck; nodules in neck, chest and abdomen; palpable liver enlargement	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Rectal bleeding; 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	rule out cervical spine involvement; This study is being ordered for a neurological disorder.; approximately 1 month ago; There has been treatment or conservative therapy.; headaches, muscle aches and joint pain; treated with abx and nsaid for headaches and muscle aches and possible sinusitis	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	RUQ pain and flank pain for past couple of years. Not associated w/meal time.; This is a request for an abdomen-pelvis 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	she has severe abdominal pain that has gotten worse and she must have a ct scan to further diagnose any new problems.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This 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	Study is being ordered to rule out ovarian cysts,appendicitis,or acute cholecystitis. patient has nausea and vomiting. patient has had b/l 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	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	suspect diverticulitis; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	There is some radiation of the lower right abdomen, right flank, and right lower back. Patient states that nothing relieves 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.; 7/17/2016; There has not been any treatment or conservative therapy.; abdominal pain, nausea, painful urination, decreased appetite, dysuria, moderate periumbilical and midline pain.	2
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is not known if 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; pt. has abdominal distention and 8 lb weight gain in the last 10 days. She has severe fatigue	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 there is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; ab pain as well as side pain an back pain, has been diagnosed with cyst and she was sent to gyn and she saw no cyst. She has had an enlarged uterus per gyn, saw gi and she was told had a normal colonoscopy. She has had pain in her ab since then and it is	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.; 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	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.; 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.; persistent right lower quadrant pain with diarrhea and fever.	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 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
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other	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 clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Other	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 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

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.; Has been seen multiple times in ER for abd. pain. Pain for 7 days, associated w/anoxia, n/v and RLQ 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 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 severe 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 abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; none	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 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.; Pain present for 4 weeks and worsening	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 abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; R/O abscess. Diverticulitis with an abscess.	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 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.; UA was negative, on antibiotics w/o response.	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 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	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;	17
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>	18
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; 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; Abdomen pain x 1 week	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	2
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abdominal pain - The pain began months ago, The pain is located in the left lower quadrant, The pain is dull,The severity of the pain is considered 2 out of 10, Aggravating factors include constipation, also aunt has colon cancer, Alleviating facto	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 blood 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; Abdominal pain, has had this off and on for the last few months over the last few weeks it has been getting worse, felt a pop in her abdomen about 2 weeks ago and since that time has had the pain says cannot eat and feels very bloated says the pain is w	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, LUQ tenderness, RUQ tenderness, feeling of fullness	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; lbp; plevic pressure; hx of fibroids	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; Additionally, she presents with history of abdominal pain, unspecified. this is located primarily in the epigastric region. It does not radiate. It began 2 months ago. The onset of pain occurred while eating. She characterizes it as cramping and shar	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; Additionally, she presents with history of spastic colon. this is located primarily in the left lower quadrant. It does not radiate. It began several months ago. The onset of pain occurred with no apparent trigger. She characterizes it as aching and	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; edema	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; elevated liver functions.	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; epigastric pain with a history of peptic ulcers	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; evaluate elevated liver enzymes; leukopenia; elevated TIBC; abdominal pain upper	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; gastric reflux disease/esophageal	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; Increased 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; left upper quadrant pain, abdominal pain, flank pain, abnormal x-ray.	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; Low 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.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Muscle aches, Myalgia, Urinary tract infection, Acute cystitis without hematuria, Urinalysis: 500 mg/dL glucose, (-) bilirubin, (-) ketones, S.G. 1.010, (-) blood, pH 6.0, (-) protein, normal (0.2-1 EU) urobilinogen, (-) leukocyte esterase, (-) nitrit	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; n/a	2
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; none given	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; Notes are not done yet for them to read. Patient is having fever, and lower quadrant pain. Trying to rule out the issue.	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 her lower abdomen and nausea since visit 6/15/16, treated with Zofran, sucralfate and pantoprazole and was seen today still having 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 had abdominal surgery in the past for constriction of his intestine, and had similar symptoms.	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 had elevated liver enzymes on lab tests, and PCP is wanting to inquire in a CT of the LIVER to r/o anything/to further evaluate.	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 abdominal pain, persistent nausea and vomiting	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 lower abdomen 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 has had persistent, worsening abdominal pain left lower quadrant since 2/2016. Abdomen is tender to palpitation left lower quadrant on exam.	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 RUQ pain with nausea, vomiting and emesis soon after meals. This has been happening several times a day over the past 3 weeks.	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 history of lupus and back pain cyst was seen on renal ultrasound	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 having left lower quadrant pain for months now but continually getting worse	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 experiencing dyspnea on exertion fatigue x ray in office shows suspicious area at right lung base. Need Ct chest abdomen pelvis	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 periumbilical pain in abdomen. Patient has had constipation with no success with over the counter medicine	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 pain. He reports RLQ. He reports no fever and no chills.; Pt. states he has had a pain in right lower quad and in the groin area. Pt states it started 2 weeks ago. pt states he can really feel it when he lifts stuff. pt also states he is a	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 woke up with right sided sharp abdominal pain radiation to back and skin burning. Patient states hurt deep inside. On exam tender to palpate midlateral right abdomen.	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 7/28, LRQ Pain, tenderness on exam, tried laxatives with no relief, pain is worsening x 1 month, constipation with green stools, MDO wants to R/O gall bladder disease.	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 complains of worsening abdominal pain with lifting.	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 abdominal pain and weight loss. only had 2 bowel movements in three weeks. abdomen feels full and tight. hard for pt to eat. pt had normal colonoscopy and EGD last year. doctore feels with new onset abdomen pain and weight loss needs ct to assess f	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pt having radiating pain from rlq, suspected 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; pt is having abdominal pain and lower left pelvic pain and tenderness with palpation. She is allergic to shrimp so therefore she can't have contrast	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 w/HX of perforated colon is presenting with unexplained pain in left arm, left chest, and left lower portion abd. Cardiac indications ruled out.	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 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; Right lower quadrant abdominal swelling, mass and lump. Abdominal pain began 2-3 weeks ago, The pain is located in the right lower quadrant inguinal area, right, The pain is sharp, is frequent, The severity of the pain is moderate, Overall condition	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 QUADRANT PAIN, ELEVATED ANA, CHANGE IN BOWELS	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; She has noticed her abdomen is expanding despite her efforts. She is not having any pain in her abdomen. She states her abdomen just feels very tight. She states her mother had ovarian cancer and had to have a hysterectomy. No other complaints at present.	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; Sxs started 4 days ago; 5lbs wt loss in the last week; loss of appetite	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; This is located primarily in the right upper quadrant. There is some radiation to the periumbilical region. It began 3 days ago. The onset of pain occurred while eating. She characterizes it as sharp and stabbing. It is of moderate intensity. She es	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; to r/o 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; Unexplained abdomen pain x 1 month.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Unknown	2
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	4
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; 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 evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement;	2
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There 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
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

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; looking for a rectal 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 is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; pt has left lower abdominal swelling x 1month, pt has pain in l/left abdominal quadrant, pt has a strong family hx of lymphoma, pt has sx of 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.; 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

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.; 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.; Pt has prostate cancer and MDO is wanting to see if it has metastasized.	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 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.; family history colon cancer,	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Trying to rule out ulcers, testing for pylori.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; 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	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
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.; 8/4/16; There has not been any treatment or conservative therapy.; Pt has unexplained 30 lb weight loss over the last 3-4 months, fatigue, some abdomen pain,	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	weight loss,bloody stools,confusion and disorientation; This study is 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 was seen in office 9-2 reporting weight loss of 40 pounds in 2 months.also is having bloody stools and confusion; There has been treatment or conservative therapy.; weight loss,bloody stools and confusion; 9-2 had labs drawn	1

General/Family Practice	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/7/2016; There has been treatment or conservative therapy.; Pain and swelling; US,	1
General/Family Practice	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	abdominal pain; 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	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 vascular disease.; The ordering physician is not a surgeon.; It is not known if there are plain film or ultrasound evidence of vascular abnormality.; It is not known if the patient has hypertension unresponsive to drug therapy.; follow up for previous MRI showing liver cyst..mild prominence of pancreatic head..mild prominence of adrenals	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."; Patient has a liver lesion that was incidentally found during prior imaging. She is needing MRI to evaluate lesion.	1

General/Family Practice	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	Having severe HA with orgasam. Trying to rule out mass vs. aneurysm vs. increase in CSF!; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/19/2016; There has not been any treatment or conservative therapy.; headache and nausea with orgasam! HA lasts several days after.	1
General/Family Practice	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	There is "Acute Chest Pain" or Angina.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; ; No, there is no Chronic Chest Pain.	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)?; Pt has had a elevated BUN and ALT, AST	1
General/Family Practice	Disapproval	75635 CTA AA&BI ILIOFEM LXTR RS&I C- /C+ POST-PXESSING	Radiology Services Denied Not Medically Necessary	multiple risk factors and symptoms of vascular disease; This study is being ordered for Vascular Disease.; unknown; There has not been any treatment or conservative therapy.; This pain is localized to the left thigh and left calf leg. The onset of pain occurred with exertion. She characterizes it as cramping. It is of moderate intensity. She estimates that the frequency of pain is several times daily. Numbness and tinglin	1

General/Family Practice	Disapproval	75635 CTA AA&BI ILIOFEM LXTR RS&I C- /C+ POST-PXESSING	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	2
General/Family Practice	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	NONE; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1
General/Family Practice	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	Pt maternal grandmother had breast ca. Pt mother had breast and uterine ca. pt has a tyrer cucick risk score of 25.9%. It is recommended that she alternate mammo with bilateral breast MRI due to family hx.; 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	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		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).	1

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The patient is not diabetic.; The patient 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	< 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is 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
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; 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	; 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
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 presenting with symptoms of atypical chest pain and/or shortness of 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	44 year old female presents with several month history of chest pain and heaviness, pain in left arm, shortness of breath on exertion. Strong family history of cardiac disease. Current every day 1 ppd smoker.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	abnormal EKG 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	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Additionally he has had a chest tightness discomfort in his left chest associated with dyspnea and some nausea. This is more sedated associated with exertion and perhaps a little worse now than at in the past.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	Angina/Chest Pain; Reported by patient.; Location: epigastrium (and upper left above breast) ; Quality: pressure; aching; Severity: moderate ; Duration: lasts hours ; Onset/Timing: started 3 days ago; abrupt onset without warning ; Alleviating Factors: re; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	Chest pain , strong family history of heart disease , cousin dies at 32 of Heart attack; 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	CHEST PAIN AND STRESS; 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	chest pain, dyspnea, patient heavy smoker. Suspicious 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

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	family h/x (mother, father and brothers) , having chest pain, dyspnea, orthopenia located in the left and right interior chest, pain radiates to the back, heavy pressure like and squeezing, been waken up from sleep b/c of symptoms and are worsening includ; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	Family history of heart disease, hypertension, hypercholesterolemia, BMI over 30; 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	FAMILY HISTORY OF HEART PROBLEMS; 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	Family hx of heart disease abn EKG; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	For risk stratification; 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	Has sx's of fatigue, decreased exercise tolerance, low functional capacity and 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
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Having chest pains radiating to left arm, weakness in left arm, fatigue, nausea and vomiting; 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	history of VTE; 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	Incomplete R bundle branch block; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	Left Bundle Branch Block, fatigue, history of smoking, Exercise Intolerance; 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

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	n.a; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	palpitations 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	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Palpitations, chest pain, shortness of breath, heart 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

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Patient has a high risk factor for heart problems including morbid obesity, high triglycerides, liver dysfunction, sleep apnea, and family history of heart disease. Patient symptomatic for extended period of time with no relief and no smoking history.; 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	patient has hypertension ,(260 over 130 blood pressure); 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

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Patient having chest pain and accelerated hypertension despite medications. Family history of sudden cardiac death and 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
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	patient is diabetic, hypertensive, and has high cholesterol. He is experiencing new acute chest pain, easily fatigued, and shortness of breath with exertion.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; 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	patient was in hospital for chest pain and this test was ordered upon discharge; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	pt has a history of palpitations and obesity; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Pt has chronic health problems. bilateral knee and foot pain. Pt reports having left sided chest pains that radiate down her left arm over the past month. The pain starts when she is at rest. The pain lasts from an hour to a full day. It seems to not occur; 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	pt is obese pain getting worse going down arm going around back pain in neck pain during activity or rest; 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	pt recently seen in er with chest pain midsternal that is unrelieved by antacids.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	Pt. has Chest pains; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	SOB, CHEST PAIN W/EXERTION, ABNORMAL CHANGES ON EKG, ELEV. BLOOD PRESSURE THAT IS NEW ONSET.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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 had a recent exercise treadmill test that was positive.; 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.; 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

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	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/27/2016; There has not been any treatment or conservative therapy.; SHORTNESS OF BREATH, SYNCOPE, LIGHT HEADEDNESS, SWEATING, DISORIENTED, LOSS OF TALKING ABILITY	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; 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	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

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	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.	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 to establish a cancer diagnosis.; This study is being requested for Lung Cancer.	1
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1

General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if this request is for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.	1
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	1
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1

General/Family Practice	Disapproval	93307 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	93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	2
General/Family Practice	Disapproval	S8032 Low-dose Computed Tomography For Lung Cancer Screening	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1
General/Family Practice	Disapproval	S8032 Low-dose Computed Tomography For Lung Cancer Screening	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1

Geriatrics	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
Geriatrics	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
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	2
Geriatrics	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
Geriatrics	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
Geriatrics	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
Gynecologic Oncology	Approval	70450 CT BRAIN, HEAD			1

Gynecologic Oncology	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
Gynecologic 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 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
Gynecologic Oncology	Approval	71250 CT CHEST, THORAX		1
Gynecologic 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
Gynecologic 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Gynecologic 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.; 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.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Gynecologic Oncology	Approval	72192 CT PELVIS WITHOUT CONTRAST		1
Gynecologic Oncology	Approval	72196 MRI PELVIS		1
Gynecologic Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		11
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.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first 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
Gynecologic 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Gynecologic 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.; 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.; 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
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.; 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		2
Gynecologic Oncology	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.	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.	2
Gynecologic Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY			1
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 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
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 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	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 not a hematologist/ oncologist.	1

Gynecologic Oncology	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 not a hematologist/ oncologist.	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 study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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		ANAPLASTIC LARGE CELL LYMPHOMA POST CHEMO RESTAGING; 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 reccurent; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD		ELEVATED BILIRUBIN INCREASED ABD PAIN ELEVATED AND RISING LIVER FUNCTIONS.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD		Faxing clinical.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	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	Faxing records.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	Follow up scans to evaluate disease and also for clinical trial/study purposes.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	follow up surveillance scans for patient with breast cancer.; Chief Complaint: Barbara comes in today alone to see me. She looks great! I follow her for Breast Cancer. She updates me on her brother-in-law who is currently being treated for Melanoma. I r; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	FOLLOW-UP FOR TRIAL CURRENT CLINICAL TREATMENT; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	Known Stage IV Renal cell carcinoma. Patient has had recent progression and CT Head is to rule out brain mets and to help determine further treatment recommendations.; 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
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	MID TREATMENT RESTAGING FOR 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	Primary malignant neoplasm of upper outer quadrant of female breast (disorder) (Stage IA)Follow up to treatment; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	RESTAGING MELENOMA; 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 RESPONSE TO 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	70450 CT BRAIN, HEAD	RESTAGING WHILE ON TREATMENT FOR CANCER; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering 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	SEMINOMA AND BACK PAIN WITH INCREASE SEIZURES.; 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.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for evaluation of known tumor.	3
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.	16

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.	4
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 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
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.	3
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.	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 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	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.	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.	69

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 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	70450 CT BRAIN, HEAD	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	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,M AXILLOFACIAL 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 metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	70490 CT NECK SOFT TISSUES,LARYNX,THYROID ETC. NO CONTRAST		1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARYNX,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,LARYNX,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 been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	1. No evidence of metastatic disease is seen in the abdomen or pelvis.; 2. Stable punctate density in the lower pole of left kidney is consistent with a nonobstructing stone.; Last CT chest abdomen and pelvis was done 8/25/15 and last PET was done 3/; 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	1. There has been near complete resolution of the hypermetabolic activity previously seen within the tongue. The linearly oriented area of hypermetabolic activity located inferior to the right side of the tongue has diminished in size and intensity as w; 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	ANAPLASTIC LARGE CELL LYMPHOMA POST CHEMO RESTAGING; 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	assess recurrent; 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	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	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	Faxing clinicals; 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	faxing records.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has 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	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Follow up scans to evaluate disease and also for clinical trial/study purposes.; 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 disease response to current treatment.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Follow up scans. Also follow up to recent PET.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	Following up on ADH and cervical adenopathy.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Atypical ductal hyperplasia diagnosed 04/2014. Left cervical adenopathy was noted 09/12/16.; There has been treatment or conservative therapy.; adenopathy; For the ADH patient has been on Tamoxifen since 06/2014. Nothing for neck.	1

Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	MID TREATMENT RESTAGING FOR 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	Patient has persistent hoarseness. Jugular chain lymph nodes are still be followed.; This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; They had a previous Neck CT in the last 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There are NO new or changing symptoms in the neck.	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	RESTAGING MELENOMA; 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; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	SEMINOMA AND BACK PAIN WITH INCREASE SEIZURES.; 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.; 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
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.	12
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.	6
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.	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 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	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.	11
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 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	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.	4
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.	13
Hematologist/Oncologist	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the brain.	1
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 suspicion of neoplasm, tumor or metatstasis	1
Hematologist/Oncologist	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 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	initial staging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Pt with metastatic tongue cancer undergoing preoperative chemotherapy - restaging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	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
Hematologist/Oncologist	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	1
Hematologist/Oncologist	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1
Hematologist/Oncologist	Approval	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.	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.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	7

Hematologist/Oncologist	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 4 exams are being ordered.	1
Hematologist/Oncologist	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
Hematologist/Oncologist	Approval	70544 Mr angiography head 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	70547 Mr angiography 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 4 exams are being ordered.	1

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; 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
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is 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
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 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	< 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	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.; 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
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are 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	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; 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.; 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 study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	<p>1. Stable 2.8 cm lytic destructive lesion of the posterior right eighth rib consistent with metastatic disease.</p> <p>2. Stable linear consolidative changes in the right upper lobe and right lower lobe along with stable nodularity along the posterior aspect of the; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.</p>	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>3 mo follow up after chemo completed 6/29/16 to restage cancer- last scans done 4/19/16; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>attached clinicals.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.</p>	1

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.; 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	CT Chest is to check resolution of pneumonia. MRI Brain is to complete initial staging workup of 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.; 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	CT of abdomen and pelvis redemonstrating right hepatic lobe hypodensity, scattered abdominal lymph nodes, and subcutaneous bilateral thigh nodules compatible with known melanoma.; Chest CT:IMPRESSION: 1. Left pectoralis minimally enlarging soft tissue ; 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 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	Faxing clinical's.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.	2
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Faxing clinicals.; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	2
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Faxing clinicals; 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	Faxing clinicals; 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

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.	2
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	FOLLOW-UP; 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	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

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Initial staging workup for newly diagnosed cancer of unknown origin.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	Initial staging workup of lung cancer diagnosis.; 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	initial staging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Known poorly differentiated adenocarcinoma of the gastroesophageal junction with known bone mets. MRI to rule out brain mets to help determine treatment options.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	Mass was found on pet scan done on 8/30/2016 , hemorrhagic metastasis seen in high left frontal lobe , posteriorly , suggest further eval for metastasis; 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	New diagnosis of cancer, Initial staging.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Newly diagnosed breast cancer, MRI to complete initial staging workup.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	non cerebral venous sinus thrombosis double vision; 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
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has a tumor.; 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	patient has melanoma and is complaining of recurring headaches and we need to check for metastatic disease; This 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	Patient with known Stage IV squamous lung cancer with known brain mets. Status post multiple lines of treatment including IMRT for brain.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient with newly diagnosed Tongue and tonsillar cancer, stage IVA. Complaining of headaches which need to be evaluated to rule out spread of disease.; This 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	Pt was in office with recent METS to liver; 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
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	She had restaging scans on 6/8/16 which revealed increasing areas of hypermetabolic activity and hypermetabolic nodularity along the pleura throughout the right hemithorax. There was a new hypermetabolic lesion in the right sacrum. There was a hypermetabo; 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	study requested prior to radiation treatment 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
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	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.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There 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 does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	3

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	6
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.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	37
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.	9
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.	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.; Follow up treatment for 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.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	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.; Restaging 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 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	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.	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.; 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	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.	9
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unstable gait, suspected mets to her brain; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX		6
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.	7
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.	10

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.	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 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	< 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; It is unknown if 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 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.	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 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	< 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.	3
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 something other than: known trauma or injury, metastatic disease, a neurological 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
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.; July 2016; There has not been any treatment or conservative therapy.; anemia, abnormal ultrasound.	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.	5
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.	11
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.	8
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.	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 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.; 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	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 Inflammatory/ Infectious Disease.; Mr. Gibson has a chronic ITP with no bleeding sequelae at present. polycythemia vera; There has not been any treatment or conservative therapy.;	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.; ; There has been treatment or conservative therapy.; ;	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	1. Bilateral noncalcified pulmonary nodules, all of which is shown slight interval growth; but are considered too small to be adequately FDG avid.; 2. Metastatic disease cannot be excluded.; CT.; 3. Stable punctate hypodense hepatic lobe lesion, probable c; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	<p>1. Enlarging pleural-based nodule seen in the right lower lobe measuring 2.2 x 1.6 cm on today's study compared to 2.1 x 1 cm on the previous exam. This is consistent with worsening disease; 2. Other pleural-based nodules are seen in the right lung whi; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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>1. No evidence of metastatic disease is seen in the abdomen or pelvis; 2. Stable punctate density in the lower pole of left kidney is consistent with a nonobstructing stone; & Last CT chest abdomen and pelvis was done 8/25/15 and last PET was done 3/; 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	1. There has been near complete resolution of the hypermetabolic activity previously seen within the tongue. The linearly oriented area of hypermetabolic activity located inferior to the right side of the tongue has diminished in size and intensity as w; 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	3 mo follow up after chemo completed 6/29/16 to restage cancer- last scans done 4/19/16; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	3 month follow up scans to check stability of right external iliac LN that showed up on previous CT.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; 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	3 month 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.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	3 month follow up scans to evaluate known liposarcoma.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	6/2016 previous 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.; 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	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	89

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 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
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	Adrenal Carcinoma; restaging after 2 cycles of Streptazosin; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	AFTER TREATMENT ON 9/9/16, PT HAS CALLED INTO THE OFFICE WITH WORSENING CONDITIONS OF COUGH & FATIGUE. PT HAS ELEVATED CA125 FROM 83 TO 127.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	ANAPLASTIC LARGE CELL LYMPHOMA POST CHEMO RESTAGING; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Area of consolidation in post medial left lower lobe, pulmonary nodules in feb 2016; follow up on 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
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	assess reccurent; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

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 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	attaching clinicals to site; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	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.; 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	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.; 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	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	71250 CT CHEST, THORAX	attaching clinicals; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1

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.; 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	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.	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	chest ct done in 06/2016; needed for restaging; pt has rectal adenocarcinoma; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	constipation, sweats, and chills. hepatitis really poor, pain in left wrist, diarrhea; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is 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	CT Chest is to check resolution of pneumonia. MRI Brain is to complete initial staging workup of 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.; 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	CT chest performed on 8/17/2015 recommended follow-up evaluation 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
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	CT scan of abd/pelvis done 6/15/16 she was having persisting and worsening abdominal pain was stable when compared with scans; done 4/22/16. No evidence of active lymphoma.; Will plan to continue on close observation with reassessment scans in 2-3 months; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	ELEVATED BILIRUBIN INCREASED ABD PAIN ELEVATED AND RISING LIVER FUNCTIONS.; 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; SUBSEQUENT TREATMENT STRATEGY AFTER CHEMOTHERAPY; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Evaluation after cycle 12 of Opdivo; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	evaluation of the progression of the disease, metastasis; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	f/u chemo treatment; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	faxing clinical's.; 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	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.	2
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.; 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	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.	2
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Faxing clinical's.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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; "There is NO evidence of a lung, mediastinal or chest mass 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	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.	2

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.	3
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.	4
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 4 exams are being ordered.	4
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.; "There is NO evidence of a lung, mediastinal or chest mass 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	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 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 records; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	follow care for large nodal conglomerate within the axilla extending to the chest wall, supraclavicular region, and subcutaneous tissues.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 after Chemo.; A Chest/Thorax 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 scans to evaluate disease after 12 cycles of 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	71250 CT CHEST, THORAX	Follow up scans to evaluate disease and also for clinical trial/study purposes.; 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 scans to evaluate disease response to current treatment.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Follow up scans to evaluate disease. Last scan of Chest, Abdomen, pelvis was PET done 04/2016; 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.; 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, patient did have PET 08/2016 but it was incomplete due to patient not being able to tolerate. What was seen on scan showed mixed response. CT requested to get idea on how whole body is doing in 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	Follow up scans. Also follow up to recent PET.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 surveillance scans for patient with breast cancer.; Chief Complaint:; Barbara comes in today alone to see me. She looks great! I follow her for Breast Cancer. She updates me on her brother-in-law who is; currently being treated for Melanoma. I r; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Following up on ADH and cervical adenopathy.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Atypical ductal hyperplasia diagnosed 04/2014. Left cervical adenopathy was noted 09/12/16.; There has been treatment or conservative therapy.; adenopathy; For the ADH patient has been on Tamoxifen since 06/2014. Nothing for neck.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	FOLLOW-UP FOR TRIAL CURRENT CLINICAL TREATMENT; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	FOLLOW-UP; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	had procedures on 7/20/16 both showed abnormalities nodule was wide spread;; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	His CEA increased from 30 to 38 to 53 to 66 to 125 to 174 to 254. He will return on 6/29/16 for C7 Opdivo cbc chem 20.; He will return on 7/13/16 for C8 Opdivo cbc chem 20. He will need scans and labs on 7/18/16: PET CT CAP.; 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	Known Stage IV breast cancer, scans to evaluate response to treatment after 3 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	MID TREATMENT RESTAGING FOR 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	No current ct scans, last done in 2012, last PET done 4/7/16- No hypermetabolic adenopathy is seen within the neck, chest, abdomen or#x0D; pelvis. The liver, spleen, renal collecting system and bowel demonstrate normal#x0D; physiologic activity. There are prostati; 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	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; No clinicals available	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Patient has a tumor.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	patient has completed 8 cycle of RCVP chemotherapy and now it is time to assess for response to treatment; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Patient has had 6 cycles of therapy; looking to see if the therapy is helping to shrink the size of the tumors; 7th cycle will be on the day of the ct 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 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	PATIENT HAS METASTIC BREAST CANCER TO THE BONE. PATIENT HAVING INCREASED PAIN IN HIP AND SPINE. RESTAGING SCAN POST 5 CYCLES OF KEYTRUDA.; 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	PATIENT HAS PROSTATE CANCER, ALSO BONE METASTASIS; 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	Patient is coming in for 6 month follow up from previous scan to make sure there is not any progression; A Chest/Thorax 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	Post Chemo Treatment. Follow up to see if Chemo meds need to be changed; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	Primary malignant neoplasm of upper outer quadrant of female breast (disorder) (Stage IA)Follow up to treatment; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	PT has lung cancer.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	PT HAVING INCREASED PAIN AND BONE PAIN.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is 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 is having new/worsening symptoms.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; 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	restage b cell lymphoma; 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 lymphoma.; 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 renal cell; 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	RESTAGING MELANOMA; 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 prior to surgical intervention; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 RESPONSE TO 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	71250 CT CHEST, THORAX	RESTAGING WHILE ON TREATMENT FOR CANCER; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering 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; 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; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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; 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	SEMINOMA AND BACK PAIN WITH INCREASE SEIZURES.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Severe abd pain xray shows lung nodules R/O metastatic disease; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	She had restaging scans on 6/8/16 which revealed increasing areas of hypermetabolic activity and hypermetabolic nodularity along the pleura throughout the right hemithorax. There was a new hypermetabolic lesion in the right sacrum. There was a hypermetabo; 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	She has chronic on and off diarrhea and body pains. She has more pains in shoulders and upper back. Last Ct Scan was done at an Outside Hospital, only the chest was done. Repeat Chest along with abd/pelvis will need to be done to check the progression of ; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	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.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	SPLENOMEGALY: NONALCHOLOIC FATTY LIVER DISEASE. DR WANTING FULL WORKUP RULING OUT LYMPHOMA AND LEUKEMIA.; This study is 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 not been any treatment or conservative therapy.; PAIN IN PENILE REGION. PAIN PROGRESSED AND AVENTUALLY HAS ABDOMINAL PAIN.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Stage 3; swelling in feet; blurred vision and dizziness.; 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	stage vulva 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	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
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Eval lung opacities and pericardial effusion.; "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

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.	88
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.	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.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	21

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.	208
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.	14
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.	17

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.	5
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.	6
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.	96

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.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	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	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 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	11
Hematologist/Oncologist	Approval	71550 MRI CHEST	This study is being ordered for a known tumor.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; This study is being ordered for 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.; Restaging 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.	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.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
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	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to known tumor with or without metastasis.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Faxing clinicals.; 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	Follow up; restaging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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	RESTAGING MULTIPLE MYELOMA; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	2
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	RESTAGING; This is a request for an MRI Bone Marrow.	1

Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Stage 4 and psa is rising, and last ct scan show lymph\ nodes enlarging.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	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
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	1
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	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.	2
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.	13
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Faxing clinicals.; 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	PATIENT HAS METASTIC BREAST CANCER TO THE BONE. PATIENT HAVING INCREASED PAIN IN HIP AND SPINE. RESTAGING SCAN POST 5 CYCLES OF KEYTRUDA.; 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	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	RESTAGING MULTIPLE MYELOMA; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	2
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Stage 4 and psa is rising, and last ct scan show lymph\ nodes enlarging.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	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	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	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.	4
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 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	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.	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.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	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 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	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.	15
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 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	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.	2
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.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.	2

Hematologist/Oncologist	Approval	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
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	CTS ON 7/12/16 IMPRESSION:  1. Multiple new liver metastases. 2. New metastases throughout the lumbar spine. 3. New right femoral neck metastasis.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; 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	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	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Faxing clinicals; 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	METASTATIC CANCER TO THE LUMBAR SPINE, CURRENTLY BEING TREATED AND RESTAGING, 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
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient has known CLL, recent CT A/P done 08/09/16 noted lucent area present in the L5 vertebral body with is of uncertain etiology and unchanged. Patient is needing therapy of her back and we are needing a clearer image of the lumbar spine so she can be ; 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
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PATIENT HAS METASTIC BREAST CANCER TO THE BONE. PATIENT HAVING INCREASED PAIN IN HIP AND SPINE. RESTAGING SCAN POST 5 CYCLES OF KEYTRUDA.; 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	PT HAVING LUMBAR SPINE PAIN. PT WITH INFILTRATING DUCTAL CARCINOMA. DR LOOKING FOR POSSIBLE METASTATIC 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

Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	R/O metastatic disease; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Back pain hx of breast ca SI joint pain; OTC medication	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	RESTAGING MULTIPLE MYELOMA; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	2
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	3

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	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 an Abnormal x-ray indicating a significant abnormality	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 Neurological deficit(s)	2
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.	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.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	5

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 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	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.	5
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.	2

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.; 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	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.	15
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 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	72196 MRI PELVIS	; 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	ELEVATED BILIRUBIN INCREASED ABD PAIN ELEVATED AND RISING LIVER FUNCTIONS.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	72196 MRI PELVIS	Iron overload and weight loss; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 11,2016; There has not been any treatment or conservative therapy.; elevated ferritin, iron saturation and 25 pound weight loss	1
Hematologist/Oncologist	Approval	72196 MRI PELVIS	KNOWN CANCER; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Hematologist/Oncologist	Approval	72196 MRI PELVIS	NEW BONE LESION SEEN ON PET SCAN. MRI PELVIS NEEDED TO DETERMINE EXTENT OF DISEASE PROGRESSION FOR TREATMENT STRATEGY; 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	R/O metastatic disease; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Back pain hx of breast ca SI joint pain; OTC medication	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?	12
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.	1

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.	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.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
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.	2

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.; 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	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.	9
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 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; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	1

Hematologist/Oncologist	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	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.	4
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.	5
Hematologist/Oncologist	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Biopsy confirmed metastatic lesion; Pt has lung cancer; pain in shoulder. ; want to make sure cancer has not spread to the shoulder; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1

Hematologist/Oncologist	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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	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
Hematologist/Oncologist	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
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	The requested study is a Shoulder MRI.; This study is being ordered for Known Tumor.; The ordering physician is an oncologist or orthopedist.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.	1

Hematologist/Oncologist	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; This study is being ordered for Known Tumor.; The ordering physician is an oncologist or orthopedist.; This study is being ordered for staging.	1
Hematologist/Oncologist	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.	1
Hematologist/Oncologist	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has 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

Hematologist/Oncologist	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has 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
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.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	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.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2

Hematologist/Oncologist	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.	1
Hematologist/Oncologist	Approval	73700 CT LEG OR LOWER 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	73700 CT LEG OR LOWER 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 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	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	There is slight irregularity with mixed lytic and slightly sclerotic area in the metadiaphyseal region of the medial tibia posteriorly.; 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

Hematologist/Oncologist	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
Hematologist/Oncologist	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
Hematologist/Oncologist	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.	2
Hematologist/Oncologist	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is 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
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.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Instability	1

Hematologist/Oncologist	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Swelling greater than 3 days	1
Hematologist/Oncologist	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; Tricompartmental osteoarthritic degenerative changes with a calcified suprapatellar intra-articular loose body and small joint effusion; Suspicious Mass or Suspected Tumor/ Metastasis	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.	2
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.	1

Hematologist/Oncologist	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	CTS ON 7/12/16 IMPRESSION:  1. Multiple new liver metastases. 2. New metastases throughout the lumbar spine. 3. New right femoral neck metastasis.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	No Info Given.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/17/2016; There has not been any treatment or conservative therapy.; Hip pain and is unable to stand. Sleeping for the patient is very difficult.	2
Hematologist/Oncologist	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	PATIENT HAS METASTIC BREAST CANCER TO THE BONE. PATIENT HAVING INCREASED PAIN IN HIP AND SPINE. RESTAGING SCAN POST 5 CYCLES OF KEYTRUDA.; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1

Hematologist/Oncologist	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; 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
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 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 no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
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 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 study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, 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		3
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 something other than: known trauma or injury, metastatic disease, a neurological 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
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 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.; anemia, abnormal ultrasound.	1
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has not been any treatment or conservative therapy.;	1

Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	follow up of previous abnormal CT abdomen on 03/14/16 to ensure stability of abnormal gastric adenopathy.; 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	74150 CT ABDOMEN WITHOUT CONTRAST	None; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is 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	74150 CT ABDOMEN WITHOUT CONTRAST	Restage renal cell; This study is being ordered for a metastatic disease.; There are 5 or more 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.; 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 a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.	1
Hematologist/Oncologist	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.	3
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of Hematuria.	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.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	7
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.	2
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	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		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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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.; 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.; Follow up treatment for cancer; It is unknown if 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.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.	2
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering 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	< 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.	3
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 4 exams are being ordered.	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.	11
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.	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.; Restaging of Cancer; Imaging studies have 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 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.; 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	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 Inflammatory/ Infectious Disease.; Mr. Gibson has a chronic ITP with no bleeding sequelae at present. polycythemia vera; There has not been any treatment or conservative therapy.;	1
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.; ; There has been treatment or conservative therapy.; ;	1

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.; ; There has been treatment or conservative therapy.; B-Symptoms including iron deficiency anemia, unexplained night sweats, fevers, and fatigue;	1
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.; ; There has not been any treatment or conservative therapy.;	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	1. Bilateral noncalcified pulmonary nodules, all of which is shown slight interval growth; but are considered too small to be adequately FDG avid.; 2. Metastatic disease cannot be excluded.; CT.; 3. Stable punctate hypodense hepatic lobe lesion, probable c; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	<p>1. Enlarging pleural-based nodule seen in the right lower lobe measuring 2.2 x 1.6 cm on today's study compared to 2.1 x 1 cm on the previous exam. This is consistent with worsening disease; 2. Other pleural-based nodules are seen in the right lung whi; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	<p>1. No evidence of metastatic disease is seen in the abdomen or pelvis; 2. Stable punctate density in the lower pole of left kidney is consistent with a nonobstructing stone; & Last CT chest abdomen and pelvis was done 8/25/15 and last PET was done 3/; 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	74176 CT ABD & PELVIS W/O CONTRAST	3 mo follow up after chemo completed 6/29/16 to restage cancer- last scans done 4/19/16; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	3 month follow up scans to check stability of right external iliac LN that showed up on previous CT.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; 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	3 month 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.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	3 month follow up scans to evaluate known liposarcoma.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	6/2016 previous 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.; 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	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Adrenal Carcinoma; restaging after 2 cycles of Streptazosin; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	AFTER TREATMENT ON 9/9/16, PT HAS CALLED INTO THE OFFICE WITH WORSENING CONDITIONS OF COUGH & FATIGUE. PT HAS ELEVATED CA125 FROM 83 TO 127.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	ANAPLASTIC LARGE CELL LYMPHOMA POST CHEMO RESTAGING; 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	assess reccurent; 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	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 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	attaching clinicals to site; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	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.; 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	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.; 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	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	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.; 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	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.	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	chest ct done in 06/2016; needed for restaging; pt has rectal adenocarcinoma; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	constipation, sweats, and chills. hepatitis really poor, pain in left wrist, diarrhea; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is 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	CT scan of abd/pelvis done 6/15/16 she was having persisting and worsening abdominal pain was stable when compared with scans done 4/22/16. No evidence of active lymphoma.; Will plan to continue on close observation with reassessment scans in 2-3 months; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Enter answer here - or Type In Unknown If No Info Given.; SUBSEQUENT TREATMENT STRATEGY AFTER CHEMOTHERAPY; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Evaluation after cycle 12 of Opdivo; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 the progression of the disease, metastasis; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; 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	evaluation on treatment; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	f/u chemo treatment; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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.	2
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.; 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	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.	2

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Faxing clinicals; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; 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
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Faxing Clinicals; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	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.	2
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.	3
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.	3
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 clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	3
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Faxing clinicals; 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	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 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 records; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	follow care for large nodal conglomerate within the axilla extending to the chest wall, supraclavicular region, and subcutaneous tissues.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 12 cycles of 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 and also for clinical trial/study purposes.; 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	Follow up scans to evaluate disease response to current treatment.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Follow up scans to evaluate disease. Last scan of Chest, Abdomen, pelvis was PET done 04/2016; 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.; 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, patient did have PET 08/2016 but it was incomplete due to patient not being able to tolerate. What was seen on scan showed mixed response. CT requested to get idea on how whole body is doing in 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	74176 CT ABD & PELVIS W/O CONTRAST	Follow up scans. Also follow up to recent PET.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 surveillance scans for patient with breast cancer.; Chief Complaint:; Barbara comes in today alone to see me. She looks great! I follow her for Breast Cancer. She updates me on her brother-in-law who is; currently being treated for Melanoma. I r; 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	FOLLOW-UP FOR TRIAL CURRENT CLINICAL TREATMENT; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	FOLLOW-UP; 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	had procedures on 7/20/16 both showed abnormalities nodule was wide spread;; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	His CEA increased from 30 to 38 to 53 to 66 to 125 to 174 to 254. He will return on 6/29/16 for C7 Opdivo cbc chem 20.; He will return on 7/13/16 for C8 Opdivo cbc chem 20. He will need scans and labs on 7/18/16: PET CT CAP.; 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	Known Stage IV breast cancer, scans to evaluate response to treatment after 3 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	MID TREATMENT RESTAGING FOR 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	No current ct scans, last done in 2012, last PET done 4/7/16- No hypermetabolic adenopathy is seen within the neck, chest, abdomen or#x0D; pelvis. The liver, spleen, renal collecting system and bowel demonstrate normal#x0D; physiologic activity. There are prostati; 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	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; No clinicals available	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient completed chemo prior to breast cancer surgery on 7/19/2016.; 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	Patient has a tumor.; 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	patient has completed 8 cycle of RCVP chemotherapy and now it is time to assess for response to treatment; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient has had 6 cycles of therapy; looking to see if the therapy is helping to shrink the size of the tumors; 7th cycle will be on the day of the ct 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 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 HAS METASTATIC BREAST CANCER TO THE BONE. PATIENT HAVING INCREASED PAIN IN HIP AND SPINE. RESTAGING SCAN POST 5 CYCLES OF KEYTRUDA.; 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	PATIENT HAS PROSTATE CANCER, ALSO BONE METASTASIS; 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	Post Chemo Treatment. Follow up to see if Chemo meds need to be changed; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	Primary malignant neoplasm of upper outer quadrant of female breast (disorder) (Stage IA)Follow up to treatment; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	PT HAVING INCREASED PAIN AND BONE PAIN.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is 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 is having new/worsening symptoms.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; 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	PULMONARY NODULE ON LAST SCAN, SEVERE WEIGHT AND HAIR LOSS, NOT EATING WELL, FELL FOUR TIMES SINCE MAY;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	restage b cell lymphoma; 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	restage lymphoma.; 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 MELENOMA; 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 prior to surgical intervention; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	RESTAGING RESPONSE TO 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	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING WHILE ON TREATMENT FOR CANCER; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering 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	RESTAGING; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Restaging; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	SEMINOMA AND BACK PAIN WITH INCREASE SEIZURES.; 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	Severe abd pain xray shows lung nodules R/O metastatic disease; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; 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	She had restaging scans on 6/8/16 which revealed increasing areas of hypermetabolic activity and hypermetabolic nodularity along the pleura throughout the right hemithorax. There was a new hypermetabolic lesion in the right sacrum. There was a hypermetabo; 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	She has chronic on and off diarrhea and body pains. She has more pains in shoulders and upper back. Last Ct Scan was done at an Outside Hospital, only the chest was done. Repeat Chest along with abd/pelvis will need to be done to check the progression of ; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	SPLENOMEGALY: NONALCHOLOIC FATTY LIVER DISEASE. DR WANTING FULL WORKUP RULING OUT LYMPHOMA AND LEUKEMIA.; This study is 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 not been any treatment or conservative therapy.; PAIN IN PENILE REGION. PAIN PROGRESSED AND AVENTUALLY HAS ABDOMINAL PAIN.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Stage 3; swelling in feet; blurred vision and dizziness.; 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	stage vulva 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	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.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.	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.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.	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 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
Hematologist/Oncologist	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
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 clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; 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; Fever and abdominal 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; r/o compression of abdominal veins	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	7
Hematologist/Oncologist	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; SURVEILLANCE OF ENLARGED LYMPH NODES IN INGUINAL REGION. MEDICAL HISTORY OF LYMPHOMA IN 1985.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; 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.; 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	52
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	5
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 been a recent previous abdominal and or pelvis CT scan.; This would not be a repeat of a CT of the abdomen and or pelvis within 6 weeks.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.	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 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.	6
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 a known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases	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 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

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.	5
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.	2

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.;</p> <p>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.;</p> <p>This is not a request for initial staging of a known tumor other than prostate.;</p> <p>There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.;</p> <p>There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.;</p> <p>There is no known prostate cancer with a PSA greater than 10.;</p> <p>Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.;</p>	4
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.;</p> <p>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.;</p> <p>This is not a request for initial staging of a known tumor other than prostate.;</p> <p>There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.;</p> <p>There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.;</p> <p>There is no known prostate cancer with a PSA greater than 10.;</p> <p>Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.;</p> <p>Follow up scan to evaluate disease.</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 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.; Known cancer , right flank pain</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 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.; malignant carcinoid tumor of the ilium. Not currently being treated. 4/22/16 path report was done. had a sigmoid pollop that was malignant. Follow up is to be done today. Also metastatic to the liver.</p>	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.	78
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.	23
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.	18

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.	192
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.	11
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.	14

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.	5
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.	6
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.	97

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.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	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 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	ELEVATED BILIRUBIN INCREASED ABD PAIN ELEVATED AND RISING LIVER FUNCTIONS.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	Faxing clinical's.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	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	74181 MRI ABDOMEN	Iron overload and weight loss; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 11,2016; There has not been any treatment or conservative therapy.; elevated ferritin, iron saturation and 25 pound weight loss	1

Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	RADIOLOGIST RECOMMENDING ABD MRI FOLLOW-UP.; This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; It is not known if the patient is presenting new signs or symptoms.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.	1
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."; Patient was diagnosed in Nov 2010 with epithelioid hemangioendothelioma of liver.	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.; This study is being ordered for follow-up.; The patient had chemotherapy, radiation therapy or surgery in the last 3 months.	1

Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	3
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; On treatment but having symptom changes and Dr. Smith is looking to see if there is Hepatic changes.	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; this is for further evaluation of liver lesions	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.";	5
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."; faxing clinicals	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."; KNOWN CANCER WITH KNOWN METASTATIC DISEASE IN MULTIPLE SITES	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 diag renal cancer; r/o liver and lung mets	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 of neuroendocrine tumor - gastric carcinoid. Pt is scheduled for polypectomies, endoscopically and the Dr has requested an Octreotide scan and MRI of the Abdomen prior to the procedure	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."; Prostate cancer with new liver lesions.	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.;" ABDNORMALITY SEEN ON CT OF LIVER LESION	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.;" ABNORMAL CT 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 had an abdominal ultrasound, CT, or MR study.;" ABNORMALILTY SEEN ON CT	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" faxing clinical's	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.;" KIDNEY LESIONS	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.;" Scan now shows fatty deposits in liver, 2.6cm mass like area with no FDG uptake was also seen.	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.;" We are scheduling an MRI of the pancreas to further evaluate recent CAT scan finding of what appears to be a mass in the head of the pancreas.	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.;" < 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 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."; Faxing clinicals	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 study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.	3

Hematologist/Oncologist	Approval	75557 Cardiac MRI Morph & structure w/o contrast	This is a request for a heart or cardiac MRI	1
Hematologist/Oncologist	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.; Per EKG 08/24/16-Sinus Rhythm, Septal Infarct (40+ MS Q wave in V1/V2), Age undetermined. Abnormal EKG; ; complaints of chest pain; Yes, there is Chronic Chest Pain.	1
Hematologist/Oncologist	Approval	76390 Mr spectroscopy	< 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	77058 MRI breast,without and/or with contrast material(s);unilateral	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; It is not know if the results of this MRI (size and shape of tumor) affect the patient's further management.	1

Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; No, the results of this MRI (size and shape of tumor) affect the patient's further management.	1
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	; This is a request for Breast MRI.; This study is being ordered 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	Patient completed chemo prior to breast cancer surgery on 7/19/2016.; 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	This is a request for Breast MRI.; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	1

Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; 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 an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	2
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
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.	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.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	1
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	2
Hematologist/Oncologist	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
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; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 PRIOR TO STARTING MAINTENANCE CHEMO AFTER STEM CELL TRANSPLANT; 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	77084 Magnetic resonance imaging, bone marrow blood supply	RESTAGING TO DETERMINE DISEASE PROGRESSION/TREATMENT STRATEGY; 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	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	RESTAGING FOR RELAPSE MULTIPLE MYELOMA; 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.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	7
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.	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.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	3
Hematologist/Oncologist	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).	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	Pre testing prior to start of ABVD Chemo and Prewriteup for stem cell transplant once remission is reached; 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.; post chemo about to start new round	1

Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.;	2
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.; Breast cancer patient s/p chemo treatment completed on 5/17/2016 who has CHF now having worsening dyspnea and orthopnea. CT chest in May was negative for PE	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.;	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 last MUGA scan was performed more than 3 months ago.; Patient with stage IV Breast cancer metastatic to the bone and brain.	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.;	6
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.; RESTAGING MULTIPLE MYELOMA	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The patient has not had a previous MUGA scan.; RESTAGING MULTIPLE MYELOMA	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; It is not known if there is a change in cardiac signs or symptoms.; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; unknown	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; The last MUGA scan was performed within the last 3 months.;	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 been initiated or completed.; The last MUGA scan was performed within the last 3 months.; < Enter answer here - or Type In Unknown If No Info 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.; The last MUGA scan was performed within the last 3 months.; unknown	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; The last MUGA scan was performed within the last 3 months.; wanting to start new 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.;	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 not been initiated or completed.; Chemotherapy is planned.; < 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 not been initiated or completed.; Chemotherapy is planned.; Evaluation of baseline ejection fraction is need prior to chemo treatment of osteosarcoma.	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.; newly diagnosed IDC of the right breast, clinical stage IIA, T2(3.5 cm)N0M0, Gr 1, ER+/PR+/H2N+ presents for discussion of neoadjuvant 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 is planned to start Herceptin for adjuvant chemo 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 to start on cardiotoxic chemo (trastuzumab) today 7/28/2016 for treatment of metastatic breast cancer.	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.; PRIOR TO 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.; q 3 weeks for Herceptin x 3	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.; TESTING PRIOR TO CHEMO	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.; Restaging 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	; 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	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 NOT identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.	1
Hematologist/Oncologist	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 requested for Lung 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 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
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.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is NOT for an evaluation of axillary lymph nodes.; This would be the first PET Scan performed on this patient for this cancer.	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 Colo-rectal Cancer.; 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 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.	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 Lymphoma or Myeloma.; 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 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
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.	1

Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.	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.; 2 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.	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 is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 4 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 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.	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.; 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 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 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	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 study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new sings or symptoms.; The patient does NOT have Thyroid or Brain cancer.	2
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 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 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.	2
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with small cell lung 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 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.	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 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.	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 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.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.	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 sings or symptoms.	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 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.	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 Ovarian or Esophageal 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
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Breast Cancer.	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.	3

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 4 exams are being ordered.	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 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	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	1. Stable 2.8 cm lytic destructive lesion of the posterior right eighth rib consistent metastatic disease. 2. Stable linear consolidative changes in the right upper lobe and right lower lobe along with stable nodularity along the posterior aspect of th; 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	1. Status post bilateral tonsillectomy with soft tissue swelling. 2. Multiple enlarged right sided cervical lymph nodes, including a high right lateral retropharyngeal lymph node, right level one, two, three, and five cervical lymph nodes with extracapsul; 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	1. There has been near complete resolution of the hypermetabolic activity previously seen within the tongue. The linearly oriented area of hypermetabolic activity located inferior to the right side of the tongue has diminished in size and intensity as w; 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	CT of abdomen and pelvis redemonstrating right hepatic lobe hypodensity; scattered abdominal lymph nodes, and subcutaneous bilateral thigh nodules compatible with known melanoma; Chest CT:IMPRESSION: 1. Left pectoralis minimally enlarging soft tissue ; 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 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 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.	2
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.	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.	4
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 records.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Faxing records.; 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	FOLLOW-UP; 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	Impression: 1. Status post left adrenalectomy. 2. Subcentimeter left periaortic lymph nodes near the adrenalectomy bed will need surveillance. 3. Postsurgical change of gastric bypass.; 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; 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	just finished speech therapy from resection of her jaw; 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	lung cancer restaging; 05/17/16: Treating with Carbo/Taxol every other week. CT head is negative, PET and CT of chest with rt pleural activity. Will continue with current therapy and restage in 9 weeks.; 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	New diagnosis of cancer, Initial staging.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is 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	Non-small cell lung cancer status post chemotherapy in November and radiation therapy in October; 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	Peritoneal Carcinomatosis, Lung Nodules-no current scans done since 4/29/16 (CAP) and last PET was on 3/30/16. Need to restage pt prior to next cycle; 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	Patient with abnormal Hip Xray and Bone Scan - rule out recurrence; 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	Pre testing prior to start of ABVD Chemo and Proworkup for stem cell transplant once remission is reached; 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 PRIOR TO STARTING MAINTENANCE CHEMO AFTER STEM CELL TRANSPLANT; 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 TO DETERMINE DISEASE PROGRESSION/TREATMENT STRATEGY; 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 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	There has been an interval decrease in size of the vaginal cuff mass, the majority of which is calcified. Additionally, the hypermetabolic activity within the mass is near that of background levels on the current study, all of which is consistent with a t; 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	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; 1 PET Scans has already been performed on this patient for this cancer.	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.; 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; 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
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.	2
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 Breast 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.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.	1

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Lung Cancer.	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 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 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 a biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This would be the first PET Scan performed on this patient for this cancer.	2

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on 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 Lymphoma or Myeloma.; 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; The suspicion of cancer is based on a more than 1 of the following; diagnostic test, imaging sstudy, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This would be the first PET Scan performed on this patient for this cancer.	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 Colo-rectal 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; 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
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 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
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.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is NOT for an evaluation of axillary lymph nodes.; 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 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.	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 Colo-rectal 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 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.	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 Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; 2 PET Scans have already been performed on this patient for this cancer.	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 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 Head/Neck Cancer.; This is NOT being ordered to distinguish tumor(s) from treatment related tissue necrosis.; The patient has 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 initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; It is unknown how many PET Scans have already been performed on this patient for this cancer.	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.	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 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.	3
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; 2 PET Scans have already been performed on this patient for this cancer.	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.	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 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

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.	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 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	Approval	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.	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 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	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.	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 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	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.	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.; 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.; 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 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.	5

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 3 PET Scans have already been performed on this patient for this cancer.	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.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.	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.	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.; 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
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.	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 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.	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 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

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.	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.; 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.; 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.; This would be the first PET Scan 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 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.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain cancer.; 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 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.	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.; 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 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 sings or symptoms.; 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; 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.	3
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 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 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.	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 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.; 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 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.; 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.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new 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.	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.; 1 PET Scans has already been performed on this patient for this cancer.	11
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.	20
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.	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.; 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 Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; It is unknown how many PET Scans have already been performed on this patient for this cancer.	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.	3
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.	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 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.	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.; 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 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.; 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 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	Approval	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.	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 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 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.; 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 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.	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.; 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 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 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 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 sings or symptoms.	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 Soft Tissue Sarcoma, Pancreatic or Testicular 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 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.; 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 to establish a cancer diagnosis.; This study is being requested for Breast 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 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 is a request for a Tumor Imaging PET Scan; Unknown if a nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; This study is being requested for Lung Cancer.	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.; Follow up treatment for 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.; Initial Staging 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 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	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 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	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	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.; Initial Staging of Cancer; Imaging studies have 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 Pulmonary Hypertension.	1

Hematologist/Oncologist	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
Hematologist/Oncologist	Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening		; This request is for a Low Dose CT for Lung Cancer Screening (S8032); No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening (S8032).; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1
Hematologist/Oncologist	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has not been any treatment or conservative therapy.;	1
Hematologist/Oncologist	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Attaching clinicals to site.; 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	70450 CT BRAIN, HEAD	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	70450 CT BRAIN, HEAD	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	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Follow up scans to abnormal baseline studies.  Pet IMPRESSION: 1. Hypermetabolic bilateral supraclavicular adenopathy highly suspicious or metastatic nodal disease, worse on the right. 2. Enlarged hypermetabolic right paratracheal adenopathy highly su; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	PET-Impression: 1. The hypermetabolic lesion in the left submandibular region has slightly increased in intensity. It is difficult to note this relates to worsening disease or stable disease, but can continue to be closely followed. 2. There has been ; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Hematologist/Oncologist	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	R/O metastatic disease; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/2016; There has not been any treatment or conservative therapy.; Lumbar mass severe back and hip pain abn weight loss coughing up blood H/A SOB chronic cough	1
Hematologist/Oncologist	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.	1

Hematologist/Oncologist	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It 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
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 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	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	just finished speech therapy from resection of her jaw; 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	PET-Impression:&#xOD; 1. The hypermetabolic lesion in the left submandibular region has slightly increased in&#xOD; intensity. It is difficult to note this relates to worsening disease or stable disease, but can&#xOD; continue to be closely followed.&#xOD; 2. There has been ; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Hematologist/Oncologist	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	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 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	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Hematologist/Oncologist	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Evaluation of lung and pancreatic 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
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 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	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

Hematologist/Oncologist	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
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.; Initial Staging 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 4 exams are being ordered.	2
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.; < 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
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; 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	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has not 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 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.; B-Symptoms including iron deficiency anemia, unexplained night sweats, fevers, and fatigue;	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.; ; There has not been any treatment or conservative therapy.;	2
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	1. Stable 2.8 cm lytic destructive lesion of the posterior right eighth rib consistent with metastatic disease. 2. Stable linear consolidative changes in the right upper lobe and right lower lobe along with stable nodularity along the posterior aspect of th; 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	1. Status post bilateral tonsillectomy with soft tissue swelling. 2. Multiple enlarged right sided cervical lymph nodes, including a high right lateral retropharyngeal lymph node, right level one, two, three, and five cervical lymph nodes with extracapsul; 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.	5
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	attaching clinicals to site.; 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	CT of abdomen and pelvis redemonstrating right hepatic lobe hypodensity, scattered abdominal lymph nodes, and subcutaneous bilateral thigh nodules compatible with known melanoma; Chest CT:IMPRESSION: 1. Left pectoralis minimally enlarging soft tissue ; 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 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 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.	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 5 or more exams are being ordered.	2
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.	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 records.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2

Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	faxing records.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, 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	Disapproval	71250 CT CHEST, THORAX	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	Follow up scans to abnormal baseline studies.  Pet IMPRESSION: 1. Hypermetabolic bilateral supraclavicular adenopathy highly suspicious or metastatic nodal disease, worse on the right. 2. Enlarged hypermetabolic right paratracheal adenopathy highly su; 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	Impression: 1. Status post left adrenalectomy. 2. Subcentimeter left periaortic lymph nodes near the adrenalectomy bed will need surveillance. 3. Postsurgical change of gastric bypass.; 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	just finished speech therapy from resection of her jaw; 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	left breast cancer for which she had left partial mastectomy followed by TCH and then radiation therapy completed 12/18/2014. She completed 16/17 Herceptin treatments on 6/19/2015//Pt was on herceptin of 16 cycles discontinued on 06/19/15//pain in left ; "There is NO evidence of a lung, mediastinal or chest mass 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	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	lung cancer restaging 05/17/16: Treating with Carbo/Taxol every other week. CT head is negative, PET and CT of chest with rt pleural activity. Will continues with current therapy and restage in 9 weeks.; 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	Non-small cell lung cancer status post chemotherapy in November and radiation therapy in October; 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	Paritoeal Carcinomatosis, Lung Nodules-no current scans done since 4/29/16 (CAP) and last PET was on 3/30/16. Need to restage pt prior to next cycle; 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	Patient has marked erythema of the face along with shortness of breath, and dizziness. Prior CT Scan in 2011 revealed lung nodule; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	PET-Impression: 1. The hypermetabolic lesion in the left submandibular region has slightly increased in intensity. It is difficult to note this relates to worsening disease or stable disease, but can continue to be closely followed. 2. There has been ; 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	Pt has new onset of 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

Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	PULMONARY NODULE ON LAST SCAN, SEVERE WEIGHT AND HAIR LOSS, NOT EATING WELL, FELL FOUR TIMES SINCE MAY;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	R/O metastatic disease; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/2016; There has not been any treatment or conservative therapy.; Lumbar mass severe back and hip pain abn weight loss coughing up blood H/A SOB chronic cough	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There has been an interval decrease in size of the vaginal cuff mass, the majority of which is calcified. Additionally, the hypermetabolic activity within the mass is near that of background levels on the current study, all of which is consistent with a t; 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	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	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	trying to determine a diagnosis for her ongoing symptoms; This study is being ordered for Inflammatory/ Infectious Disease.; 01/2015; There has been treatment or conservative therapy.; fever, chills, back and neck pain, fatigue, sob, anxiety; aspirin, predisone	1

Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	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 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	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Will fax clinical information; 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	71550 MRI CHEST	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
Hematologist/Oncologist	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	RESTAGING MULTIPLE MYELOMA; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering 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	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 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	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 not been any treatment or conservative therapy.;	1
Hematologist/Oncologist	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

Hematologist/Oncologist	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 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Hematologist/Oncologist	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 not been any treatment or conservative therapy.;	1

Hematologist/Oncologist	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT 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.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Hematologist/Oncologist	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	attaching clinicals to site.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT 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.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	attaching clinicals to site.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	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 5 or more exams are being ordered.	1
Hematologist/Oncologist	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	RESTAGING MULTIPLE MYELOMA; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering 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	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
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.; 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
Hematologist/Oncologist	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

Hematologist/Oncologist	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	Patient with abnormal Hip Xray and Bone Scan - rule out recurrence; 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	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	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 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	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.	2
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.	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 5 or more exams are being ordered.	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.; ; 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	; 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	1. Stable 2.8 cm lytic destructive lesion of the posterior right eighth rib consistent metastatic disease. 2. Stable linear consolidative changes in the right upper lobe and right lower lobe along with stable nodularity along the posterior aspect of th; 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	1. Status post bilateral tonsillectomy with soft tissue swelling. 2. Multiple enlarged right sided cervical lymph nodes, including a high right lateral retropharyngeal lymph node, right level one, two, three, and five cervical lymph nodes with extracapsul; 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	attaching clinicals to site.; 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	CT of abdomen and pelvis redemonstrating right hepatic lobe hypodensity, scattered abdominal lymph nodes, and subcutaneous bilateral thigh nodules compatible with known melanoma; Chest CT:IMPRESSION: 1. Left pectoralis minimally enlarging soft tissue ; 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	Evaluation of lung and pancreatic 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
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 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	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.	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 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 clinicals; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	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.	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.	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 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	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 to abnormal baseline studies.  Pet IMPRESSION: 1. Hypermetabolic bilateral supraclavicular adenopathy highly suspicious or metastatic nodal disease, worse on the right. 2. Enlarged hypermetabolic right paratracheal adenopathy highly su; 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	Impression: 1. Status post left adrenalectomy. 2. Subcentimeter left periaortic lymph nodes near the adrenalectomy bed will need surveillance. 3. Postsurgical change of gastric bypass.; 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	just finished speech therapy from resection of her jaw; 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	lung cancer restaging 05/17/16: Treating with Carbo/Taxol every other week. CT head is negative, PET and CT of chest with rt pleural activity. Will continues with current therapy and restage in 9 weeks.; 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	New diagnosis of cancer, Initial staging.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is 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	Non-small cell lung cancer status post chemotherapy in November and radiation therapy in October; 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	Paritoeal Carcinomatosis, Lung Nodules-no current scans done since 4/29/16 (CAP) and last PET was on 3/30/16. Need to restage pt prior to next cycle; 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	PET-Impression: 1. The hypermetabolic lesion in the left submandibular region has slightly increased in intensity. It is difficult to note this relates to worsening disease or stable disease, but can continue to be closely followed. 2. There has been ; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1

Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	PT HAVING LLQ ABDOMINAL PAIN WITH RED BLOOD IN STOOLS.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study 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
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	R/O metastatic disease; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/2016; There has not been any treatment or conservative therapy.; Lumbar mass severe back and hip pain abn weight loss coughing up blood H/A SOB chronic cough	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	There has been an interval decrease in size of the vaginal cuff mass, the majority of which is calcified. Additionally, the hypermetabolic activity within the mass is near that of background levels on the current study, all of which is consistent with a t; 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	This is 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.; 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
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.; 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	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	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 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	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	trying to determine a diagnosis for her ongoing symptoms; This study is being ordered for Inflammatory/ Infectious Disease.; 01/2015; There has been treatment or conservative therapy.; fever, chills, back and neck pain, fatigue, sob, anxiety; aspirin, predisone	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	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 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	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Will fax clinical information; 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	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	; This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is NOT presenting new signs or symptoms.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.	1
Hematologist/Oncologist	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	blurred vision in both eyes on hig dose chemotherapy with active large b-cell lymphoma; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetric testing or a suspected implant rupture.	1
Hematologist/Oncologist	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	family history of triple negative breast cancer in mother that passed away at age 52. mammogram and ultrasound show a mass in the left breast 10:00 9cmfn, recom biopsy.; 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
Hematologist/Oncologist	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	heterogeneously dense breast tissue on imaging and 3:30 8cmfn mass 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
Hematologist/Oncologist	Disapproval	77084 Magnetic resonance imaging, bone marrow blood supply	Radiology Services Denied Not Medically Necessary	; This is a request for an MRI Bone Marrow.	1

Hematologist/Oncologist	Disapproval	77084 Magnetic resonance imaging, bone marrow blood supply	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
Hematologist/Oncologist	Disapproval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	Radiology Services Denied Not Medically Necessary	This is a request for a MUGA scan.; This study is being ordered for 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.;	1
Hematologist/Oncologist	Disapproval	78813 PET IMAGING 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.	1
Hematologist/Oncologist	Disapproval	78813 PET IMAGING WHOLE BODY	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.	2
Hematologist/Oncologist	Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	His CEA increased from 30 to 38 to 53 to 66 to 125 to 174 to 254. He will return on 6/29/16 for C7 Opdivo cbc chem 20. He will return on 7/13/16 for C8 Opdivo cbc chem 20. He will need scans and labs on 7/18/16: PET CT CAP.; 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	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 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	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 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.	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 Head/Neck Cancer.; The patient did NOT have a thyroidectomy and radioiodine ablation.; The patient has Thyroid 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 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

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 Head/Neck Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new sings or symptoms.; The patient does NOT have Thyroid or Brain cancer.	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.; 3 PET Scans have already been performed on this patient for this cancer.	2
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 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.	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 Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; More than 4 PET Scans have already been performed on this patient for this cancer.	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.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Attaching clinicals to site.; 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	Evaluation of lung and pancreatic 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

Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	evaluation on treatment; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	faxing clinical's.; 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.	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.	2
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 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	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.	3

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 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 records; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Follow up scans to abnormal baseline studies.  Pet IMPRESSION: 1. Hypermetabolic bilateral supraclavicular adenopathy highly suspicious or metastatic nodal disease, worse on the right. 2. Enlarged hypermetabolic right paratracheal adenopathy highly su; 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 surveillance scans for patient with breast cancer. Chief Complaint: Barbara comes in today alone to see me. She looks great! I follow her for Breast Cancer. She updates me on her brother-in-law who is currently being treated for Melanoma. I r; 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; restaging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	had procedures on 7/20/16 both showed abnormalities nodule was wide spread,; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	initial staging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	No current ct scans, last done in 2012, last PET done 4/7/16- No hypermetabolic adenopathy is seen within the neck, chest, abdomen or#x0D; pelvis. The liver, spleen, renal collecting system and bowel demonstrate normal#x0D; physiologic activity. There are prostati; 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	PATIENT HAS PROSTATE CANCER, ALSO BONE METASTASIS; 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	PET-Impression: 1. The hypermetabolic lesion in the left submandibular region has slightly increased in intensity. It is difficult to note this relates to worsening disease or stable disease, but can continue to be closely followed. 2. There has been ; 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	Pt with metastatic tongue cancer undergoing preoperative chemotherapy - restaging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was NOT identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has 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.	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 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
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.	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 ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.	3

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 Brain Cancer/Tumor or Mass.	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 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 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.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; More than 4 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 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
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.; 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 Head/Neck Cancer.; The patient has Brain 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 Head/Neck Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new sings or symptoms.; The patient does NOT have Thyroid or Brain cancer.	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.; It is unknown if the patient has been diagnosed with small cell or non small cell lung 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 small cell lung 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.; 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 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	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; More than 4 PET Scans have already been performed on this patient for this cancer.	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 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 Melanoma.; 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	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 sings or symptoms.	4
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular 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 to establish a cancer diagnosis.; This study is being requested for Lung 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 requested for Head/Neck Cancer.; It is unknown if the patient has Thyroid or Brain cancer.	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

Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Will fax clinical information; 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	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
Hematologist/Oncologist	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1
Hospital	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
Hospital	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
Industrial 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.; 2 PET Scans have already been performed on this patient for this cancer.	1

Infectious Diseases	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of 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
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	calcified nodule in the left upper lobe posteriorly; consistent with a granuloma; A Chest/Thorax 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
Infectious Diseases	Approval	71250 CT CHEST, THORAX	Follow up for Histoplasmosis with fever and 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.	1
Infectious Diseases	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

Infectious Diseases	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1
Infectious Diseases	Approval	72196 MRI PELVIS	FOR FURTHER EVALUATION AND TREATMENT; This study is being ordered for Inflammatory/ Infectious Disease.; 8/10/16; There has been treatment or conservative therapy.; ABSCESS; COMPLETED 2- 4 WEEK COURSE OF ANTIBIOTICS, DRAINAGE OF PELVIC ABSCESS	1
Infectious Diseases	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	1
Infectious Diseases	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is 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
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	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
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.	3

Infectious Diseases	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
Infectious Diseases	Approval	74181 MRI ABDOMEN	FOR FURTHER EVALUATION AND TREATMENT; This study is being ordered for Inflammatory/ Infectious Disease.; 8/10/16; There has been treatment or conservative therapy.; ABSCESS; COMPLETED 2- 4 WEEK COURSE OF ANTIBIOTICS, DRAINAGE OF PELVIC ABSCESS	1
Infectious Diseases	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

Infectious Diseases	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.; ; "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
Infectious Diseases	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	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.; 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	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; Severe Claustrophobia is the reason an MRI is not being considered	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	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 6/30/2016; There has been treatment or conservative therapy.; serve pain; medication, physical therapy	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 chronic or recurring.	1
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 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.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1

Internal Medicine	Approval	70450 CT BRAIN, HEAD	car accident victim gash on head and had blurred vision-slurred speech at the time as well.; 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	currently has a shunt in the brain that is draining CSF and a skin flap to the neck; 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	Had an episode of numbness and tingling that lasted several hours last wee. Multiple risk for stroke, hypertension, edema, etc.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	Patient's caregiver states she is here for her check up. She has Trouble with dementia with psychosis. She is not having As much tremor But when she eats It Will give her a little problem. So I Have wondered if she Has Lewy body dementia.; 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; Severe Claustrophobia is the reason an MRI is not being considered	1

Internal Medicine	Approval	70450 CT BRAIN, HEAD	pt has history of aneurysm and brain tumor with new onset of HA for last 2 weeks. Can not to mri do the coils; 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
Internal Medicine	Approval	70450 CT BRAIN, HEAD	recent seizure, patient has fallen.; 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	Approval	70450 CT BRAIN, HEAD	strokes; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/3/2016; There has not been any treatment or conservative therapy.; Weakness in left arm and hand, shaking, slurred, ischemic infarct, previous strokes	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.	7
Internal Medicine	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

Internal Medicine	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.	5
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.	24
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.	3
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.	2
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.	1
Internal Medicine	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

Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST		1
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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"	3
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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	1
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Referred to ENT; will upload documentation; 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
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.	1
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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)	9

Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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)	6
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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.; 7/25/16; There has not been any treatment or conservative therapy.; daily headaches, cuptile tightness, deciated sectum, bulge	1
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	x-rays were performed and it was recommended by radiologist to obtain CT for more definitive image of what is causing facial pain; This study is being ordered for a neurological disorder.; 8/27/16 -; There has been treatment or conservative therapy.; Facial/neck pain along with facial numbness, tingling - pain with facial palpation along the mandible - and pain along the neck at C 2,3,4; Patient has been on NSAIDS for 4 weeks, rest, had x-rays which recommended CT scan	1
Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST	Patient has completed chemotherapy, scan is to check status of treatment.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Pt comes today because she noticed a mass on the left side of the neck . Has an enlarged LN, mildly tender to palpation at the level of the tonsil. No weight loss, chills, night sweat but reports sometimes having trouble swallowing. She also reports c; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has NOT been examined twice at least 30 days apart.	1
Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	R/O Lymphoma due to enlarged lymph nodes from left side of neck to left axilla, night sweats, anemic, pt choking on water and voice changes; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; June 2, 2016; There has not been any treatment or conservative therapy.; Pt has swollen lymph nodes that go from the left side of neck to left axilla area that are very painful. Pt has been choking on water and voice changing as well as night sweating and anemic. We are trying to R/O lymphoma.	1
Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	The patient has a neck mass that has gotten bigger.; 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
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.	9

Internal Medicine	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	ABNORMAL MRI BRAIN SHOWS DECREASED BLOOD FLOW IN THE CAROTID ARTERY; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; HADACHESS AND CONFUSION AFTER HITTING HEAD WITH A FALL LAST WEEK, MEMORY CHANGES;	1
Internal Medicine	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the brain.	1
Internal Medicine	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST		1
Internal Medicine	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	ABNORMAL MRI BRAIN SHOWS DECREASED BLOOD FLOW IN THE CAROTID ARTERY; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; HADACHESS AND CONFUSION AFTER HITTING HEAD WITH A FALL LAST WEEK, MEMORY CHANGES;	1
Internal Medicine	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	EKG showed RSR with NS NT changes and RAD, patient has a personal history of transient cerebral ischemia, strong family history of heart disease, stenosis found on carotid artery doppler; This study is being ordered for Vascular Disease.; around 8/8/2016; There has been treatment or conservative therapy.; chest pain, precordial pain, dizziness, numbness and tingling, visual changes; EKG, Echocardiogram, carotid artery doppler	1
Internal Medicine	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the Neck.	2

Internal Medicine	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metatstasis	1
Internal Medicine	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
Internal Medicine	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	4th nerve palsy, extra ocular palsy, double 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
Internal Medicine	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1

Internal Medicine	Approval	70544 Mr angiography head w/o dye	HX., mother, grandmother, aunt ruptured Brain Aneurism; This study is being ordered for a neurological disorder.; Greater than six months.; There has been treatment or conservative therapy.; Migraine headaches, worsening, hypertension; PT, sent to Neurosurgeon MRI's were done, medications	1
Internal Medicine	Approval	70544 Mr angiography head w/o dye	patient with symptoms of CVA needs to be evaluated; This study is being ordered for a neurological disorder.; 7/11/2016; It is not known if there has been any treatment or conservative therapy.; balance issues, memory issues, slurred speech, disoriented	1
Internal Medicine	Approval	70544 Mr angiography head w/o dye	pt with a 1 week history of dull headache and increased blood pressures. pt describes headaches as pressure. Pt with previous history of TIA.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Internal Medicine	Approval	70544 Mr angiography head w/o dye	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	3
Internal Medicine	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Internal Medicine	Approval	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

Internal Medicine	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
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		4
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; 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

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.; The patient has a chronic or recurring headache.	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.; 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	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2
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 a neurological disorder.; 09/05/2016; There has not been any treatment or conservative therapy.; tremor of the head, blurry vision,	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.; < 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	70551 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
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 a sudden change in mental status.; 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.; brain- off/on x 1yr abdomen- 6mos; There has been treatment or conservative therapy.; brain- mental confusion; r/o mass or cognitive disorder abdomen- abdominal pain and distension; lesion; medications for pain and abdomen ultrasound	1

Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Patient has been seeing specialist and MRI's are being ordered at Dr. Doyle request for patient to have MRI's done local.; There has been treatment or conservative therapy.; Extraocular muscle palsy; See attached doc.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	brain-r/o aneurysm; This study is being ordered for a neurological disorder.; 07/20/2016; There has been treatment or conservative therapy.; h/a localized to one specific area; neck pain; medication- Flexaril 5mg; Medrol dose pack; PT	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	chronic low back pain, anxious, trembling; This study is being ordered for a neurological disorder.; 9/13/16; There has not been any treatment or conservative therapy.; Pt has dizziness, incoordination, loss of consciousness, left sided body weakness, losing weight, frequent falls.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	follow of known Benign neoplasm of pineal body.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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

Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Headaches are becoming more and more frequent. Have been going on for months. Patient states that they are getting worse and they feel like something is crushing her head; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; 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	History of migraines but changing in severity and frequency. Throbbing, nausea, photophobia, slurred speech, 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

Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	hx adenoma; post resection; pituitary tumor; pituitary surgery f/u by radiation; testatron injection; hx anemia; last mri a yr ago; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	HX., mother, grandmother, aunt ruptured Brain Anuerism; This study is being ordered for a neurological disorder.; Greater than six months.; There has been treatment or conservative therapy.; Migraine headaches, worsening, hypertension; PT, sent to Neurosurgeon MRI's were done, medications	1

Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	July 19, went to ER, got a CT of the head, showed left frontal bone lucent lesion. Recommended patient follow up with an MRI.; 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
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Lung cancer; complete staging and pituitary.; 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

Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MEMORY AND COGNITION ISSUES, HEADACHES. LOSS OF CONSCIOUSNESS, ABNORMAL CT, CONFUSION, R/O STRUCTURAL BRAIN DAMAGE; 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
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Neurofibromatosis: having quite a few HAs; This request 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	Patient with history of Brain tumor with new onset of 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
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient with symptoms of CVA needs to be evaluated; This study is being ordered for a neurological disorder.; 7/11/2016; It is not known if there has been any treatment or conservative therapy.; balance issues, memory issues, slurred speech, disoriented	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt is having constant left sided headaches that are debilitating; 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

Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt says that he feel very fatigue to the point he cant get out of bed, and has frequent falls.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	severe memory loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	staging evaluation; 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	sudden onset o headache; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Internal Medicine	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
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 vertigo	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1

Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are 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
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.	10
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.	29

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.	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 sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	15
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is 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.	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 is experiencing dizziness.	5
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo	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 does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	4
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	2
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of 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 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.	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
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; 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 a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.	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 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.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	4
Internal Medicine	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.; 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	71250 CT CHEST, THORAX		1
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.	25
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.	28

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.	1
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.	6
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 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	< 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
Internal Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering 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
Internal Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering 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

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.; 04/25/2016; There has been treatment or conservative therapy.; severe weight loss, abnormal labs, chronic pain,; medications, PT	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.; 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	; 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
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	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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
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 not a hematologist/ oncologist.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ;	2
Internal Medicine	Approval	71250 CT CHEST, THORAX	; This study is being ordered for Inflammatory/ Infectious Disease.; 06/24/2016; There has not been any treatment or conservative therapy.; Worsening pain in lymph nodes for 2 weeks with history of thyroid problems.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	3 month follow up for 6cm nodule.; 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
Internal Medicine	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	13

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.	1
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	A CT Scan 2/8/2013 showed 2 5mm pulmonary nodules in the lateral right lung and a 3mm nodule in the right lung apex. We need to follow up on these.; "There is NO evidence of a lung, mediastinal or chest mass 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	abnormal CT of Chest in May. left lower chest wall hematoma measuring upto 6.9 cm, pleural effusion, and trace pericardial 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
Internal Medicine	Approval	71250 CT CHEST, THORAX	Aneurysm; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	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
Internal Medicine	Approval	71250 CT CHEST, THORAX	Cough worsening with 40 year smoking history, mediastinal changes,productive cough with vomiting and dyspnea; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	CT chest ordered due to hyponatremia and hypercalcemia; A Chest/Thorax 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	f/u to previous CT which showed 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

Internal Medicine	Approval	71250 CT CHEST, THORAX	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	It is not known if there is radiologic evidence of non-resolving pneumonia.; The patient is presenting new signs or symptoms.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	KNOT ON R CLAVICLE. XRAY WAS NORMAL. Mr. THOMPSON is a 59 year old White male. He is an established patient. He states that his BS is doing better since taking his Metformin at noon. He has pain in his right side and states that it feels like "somethin; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	Mass getting bigger.; "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	mass in axilla 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
Internal Medicine	Approval	71250 CT CHEST, THORAX	Ms. Newton has been experiencing wt loss of 20 pounds over the 10 months and has a cough.; This study is 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 not been any treatment or conservative therapy.; cough, weight loss	1
Internal Medicine	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 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	Patient has a feeling of choking on foods. Patient also complains of food stuck in upper esophagus area and upper throat area. Patient complains of dysphagia to solid foods. Patient is to have an EGD to rule out esophageal lesions.; A Chest/Thorax 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	Patient has completed chemotherapy, scan is to check status of treatment.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	R/O Lymphoma due to enlarged lymph nodes from left side of neck to left axilla, night sweats, anemic, pt choking on water and voice changes; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; June 2, 2016; There has not been any treatment or conservative therapy.; Pt has swollen lymph nodes that go from the left side of neck to left axilla area that are very painful. Pt has been choking on water and voice changing as well as night sweating and anemic. We are trying to R/O lymphoma.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	recent history of cough and shortness of breath. Due for first lung scan post surgery.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	Solitary 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
Internal Medicine	Approval	71250 CT CHEST, THORAX	Suspicious mass 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.	1

Internal 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.	2
Internal Medicine	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; It is not known if there is 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
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	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; She had a CT of the chest performed in March which revealed pericardial effusion of moderate size as well as pulmonary hypertension. She subsequently was evaluated by cardiology who performed an echocardiogram. There was no evidence of significant effus; "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	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
Internal Medicine	Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	2
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.	7
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	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST		1
Internal Medicine	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	18
Internal Medicine	Approval	71555 MRA, MRI ANGIOGRAPHY CHEST[NOT MYOCARDIUM] WITH/WITHOUT CONTRAST	Pt presented w/ chest pain w/ left arm numbness over the past few months decrease motor control and numbness on left side of chest and abdomen. chest tightness radiated into his back and across lasting 2-5 minutes in duration. Pt is a smoker and known CAD; This is a request for an MR Angiogram of the chest or thorax	1
Internal Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	< 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
Internal Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;;	1
Internal Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Extremity weakness, Gait disturbance.; 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	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
Internal Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	1
Internal Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does 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.	3
Internal Medicine	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Abn xray; 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
Internal Medicine	Approval	72131 CT LUMBAR SPINE, LOW BACK		1

Internal Medicine	Approval	72131 CT LUMBAR SPINE, LOW BACK	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	1
Internal Medicine	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.	4
Internal Medicine	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is suspicion of lumbar spine neoplasm, tumor or metastasis.	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.	4
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		7

Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 09/05/2016; There has not been any treatment or conservative therapy.; tremor of the head, blurry vision,	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.; < 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
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.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; neck and back pain	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.; 1 month prior; There has been treatment or conservative therapy.; numbness and hands and arms, numbness in the left thigh, pain; pain medications, 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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2013; There has been treatment or conservative therapy.; neck pain with radiculopathy upper back pain and scoliosis; chiropractic and physical therapy NSAIDS 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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/1/2016; It is not known if there has been any treatment or conservative therapy.; numbness in both hands and back pain	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.; Unknown; There has been treatment or conservative therapy.; Back pain; PT	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 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
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	chronic low back pain, anxious, trembling; This study is being ordered for a neurological disorder.; 9/13/16; There has not been any treatment or conservative therapy.; Pt has dizziness, incoordination, loss of consciousness, left sided body weakness, losing weight, frequent falls.	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Chronic pain and numbness - getting worse. Has been on hydrocodone since at least March 2016 and gabapentin since at least Oct. 2015. Has been getting injections from pain management physician. Patient has limited range of motion, positive straight leg li; This study is being ordered for a neurological disorder.; 01/04/2016; There has been treatment or conservative therapy.; pain and numbness, positive straight leg lift, limited range of motion, tenderness along spine; hydrocodone and gabapentin, injections by pain specialist	1

Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	MYALGIAS, NECK PAIN, BACK PAIN, NUMBNESS, TINGLING, AND WEAKNESS IN LEFT ARM; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; MYALGIAS, NECK PAIN, BACK PAIN, NUMBNESS AND TINGLING, LEFT ARM WEAKNESS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	patient has history of prior neck surgery; This study is being ordered for a neurological disorder.; 06/28/2016; There has been treatment or conservative therapy.; headache , neck stiffness, bilateral upper extremity paresthesia and unable to grip completely bilaterally; medication to relieve pain and inflammation	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient here today with c/o left shoulder and neck pain for a little over 2 weeks. She was seen a couple weeks ago for this pain that started in Mid June. She has been on lots of different medications for this including a steroid injection two weeks ago. ; This study is being ordered for a neurological disorder.; June 15, 2016; There has been treatment or conservative therapy.; Worsening pain in neck and shoulder, tingling in left pinky finger; Sterioids, Tramadol, heat therapy, muscle relaxers	1

Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	PT PRESENTS WITH SHAKING OF RIGHT ARM AND HAND THE LAST 8 MONTHS, BUT HER NEUROLOGIST IS UNSURE WHY. PARESTHESIAS IN RIGHT UPPER EXTREMITY OVER THE LAST SEVERAL MONTHS. PT HAS A H/O CERVICAL RADICULOPATHY; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	R/O:HNP; ABNORMAL DEGENERATIVE CHANGES IN C5 & C6,RIGHT ARM PAIN AND WEAKNESS AND DECREASED ROM OF NECK; 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,right arm pain and weakness; History / Dx: sudden onset of neck pain without trauma or injury; Duration of Symptoms: Start: 07/30/2016; Physical Exam Findings: right arm weakness and decreased ROM of neck; X-rays; Already Completed: Pr; The patient does 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	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
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; 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
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; 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

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.; No, this patient did not have a recent course of supervised physical Therapy.	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	5
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

Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a 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
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	33

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.	17
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; &Enter Additional Clinical Information&; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; 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
Internal Medicine	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

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.	9
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.	3
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; ER visit patient was run over by a cow	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Shoulder pain, thought he pulled a muscle	1
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; <Enter Additional Clinical Information>; No, the patient does not have new or changing neurological signs or symptoms.	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; Yes, the patient is demonstrating unilateral muscle wasting.	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Tiny syringohydromyelia of the cord. 2. Multilevel disc degeneration with minimal central disc bulging C4-C5 and C5-C6 without spinal canal or foraminal stenosis.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	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.; 12/7/2015; There has been treatment or conservative therapy.; patient is having neck pain radation abnormal xray showed grade 2 o f l4 and l5; patient had physical therapy and m edication therapy with not relief	1

Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	XR done recently degenerative changes, Symptoms worse over the past year; This study is being ordered for a neurological disorder.; Chronic low back pain, chronic neck pain, pain with motion, Numbness bottoms of bilateral feet; There has been treatment or conservative therapy.; chronic neck pain, chronic low back pain, pain with motion, Numbness bottoms of bilateral feet; chiropractor	1
Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		2
Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	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 >	2

Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2013; There has been treatment or conservative therapy.; neck pain with radiculopathy upper back pain and scoliosis; chiropractic and physical therapy NSAIDS and muscle relaxers	1
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 have new or changing neurologic signs or symptoms.; There is weakness.; PT HAD A MRI C SPINE ON 07/07/16. PT HAS DEGENERATIVE DISC & JOINT CHANGES WITH BILATERAL FORAMINAL STENOSIS @ C6- 7. ALSO FOUND WAS AN APPARENT FLATTENING OF THE POSTERIOR CORD FROM T3 AND BELOW. THE RADIOLOGIST RECOMMENDS FURTHER EVALUATION WITH A MRI O; The 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

Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Chronic pain and numbness - getting worse. Has been on hydrocodone since at least March 2016 and gabapentin since at least Oct. 2015. Has been getting injections from pain management physician. Patient has limited range of motion, positive straight leg li; This study is being ordered for a neurological disorder.; 01/04/2016; There has been treatment or conservative therapy.; pain and numbness, positive straight leg lift, limited range of motion, tenderness along spine; hydrocodone and gabapentin, injections by pain specialist	1
Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	patient is being referred to an orthopedic spine specialist, herniated disk; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3-4 months; There has not been any treatment or conservative therapy.; low back pain and mid back pain , sciatica, and numbness to the 3,4,5 right toes	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.; CHRONIC BILATERAL THORACIC BACK PAIN,PAINFUL RANGE OF MOTION,BACK TENDERNESS,THORACIC SPASMS,RULE OUT PINCHED NERVE; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1

Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does 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
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 radiculopathy documented on EMG or nerve conduction study.	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.; 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
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.	1

Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	6
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 lower extremity weakness documented on physical exam.	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		19
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 something other than: known trauma or injury, metastatic disease, a neurological 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

Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; neck and back pain	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.; 08/03/2014 for hip 09/08/2015 for lumbar; There has been treatment or conservative therapy.; left hip pain and chronic back pain; PT for 7 weeks	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.; 1 month prior; There has been treatment or conservative therapy.; numbness and hands and arms, numbness in the left thigh, pain; pain medications, muscle relaxers	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.; 7/1/2016; It is not known if there has been any treatment or conservative therapy.; numbness in both hands and back pain	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 48 year old female with right sided low back pain with right sided sciatica; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
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	2

Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any 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.; ; There has been treatment or conservative therapy.;	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Chronic pain and numbness - getting worse. Has been on hydrocodone since at least March 2016 and gabapentin since at least Oct. 2015. Has been getting injections from pain management physician. Patient has limited range of motion, positive straight leg li; This study is being ordered for a neurological disorder.; 01/04/2016; There has been treatment or conservative therapy.; pain and numbness, positive straight leg lift, limited range of motion, tenderness along spine; hydrocodone and gabapentin, injections by pain specialist	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	lower thoracic pain thru lumbar to legs and worse with activity and sitting; This study is 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 not been any treatment or conservative therapy.; low back pain into legs	1

Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Lumbar radiculopathy noted. The location is primarily in the upper and mid lumbar spine. The pain radiates to the thighs. He characterizes it as moderate in intensity, dull, and throbbing. This is a chronic problem, with essentially constant pain. Th; This study is being ordered for trauma or injury.; Lumbar radiculopathy noted. The location is primarily in the upper and mid lumbar spine. The pain radiates to the thighs. He characterizes it as moderate in intensity, dull, and throbbing. This is a chronic problem, with essentially constant pain. Th; There has been treatment or conservative therapy.; Lumbar radiculopathy noted. The location is primarily in the upper and mid lumbar spine. The pain radiates to the thighs. He characterizes it as moderate in intensity, dull, and throbbing. This is a chronic problem, with essentially constant pain. Th; RECOMMENDATIONS given include: cold packs, moist heat, and use of a soft cervical collar. RECOMMENDATIONS given include: alternating cold packs and moist heat, weight loss, and He is instructed to avoid lifting over 25 lbs.. .</p>	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>NCV suggestive of s1 radiculopathy.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;</p>	1

Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	neurogenic claudication, abi; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	none 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	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	patient has history of prior neck surgery; This study is being ordered for a neurological disorder.; 06/28/2016; There has been treatment or conservative therapy.; headache , neck stiffness, bilateral upper extremity paresthesia and unable to grip completely bilaterally; medication to relieve pain and inflammation	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	patient has know DDD and spinal stenosis; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient with chronic midline back pain, spinal stenosis and DDD needs MRI for evaluation; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	patient is being referred to an orthopedic spine specialist, herniated disk; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3-4 months; There has not been any treatment or conservative therapy.; low back pain and mid back pain , sciatica, and numbness to the 3,4,5 right toes	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	POSITIVE ON LEG LIFT, PHYSICAL THERAPY IS REQUESTING FURTHER IMAGING BEFORE THEY PROCEED. HAS FAILED 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	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pt had steminator implanted pain stemilated; 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	Pt was given a trial of pain medication which is not giving pt any relief. Pt has also under gone physical therapy. Physical therapy call today stating that there is nothing more that he can do for the pt and that he recommends that the pt get a mri and p; This study is being ordered for trauma or injury.; The initial onset of pain was 3 weeks ago.; There has been treatment or conservative therapy.; low back pain with Left hip pain. He describes it as moderate in intensity, intermittent, sharp, dull, throbbing, and aching.; IBU 800mg, Ketorolac 10mg, Hydrocodone 10/325. Pt has also tired and failed physical therapy.	1

Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Reports paresthesia and 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 weakness.; nml; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	right leg at times goes numb. no prior MRI.; 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 extremities, abnormal gait. sever pain with ROM; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	sever pain in lower back going down left leg, has been limping; 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	Severe pain in lower back radiating down to left leg, weakness in left leg, possible bulging disc. Dragging 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 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 have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; 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 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	85
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	33
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	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 Neurological deficit(s)	65
Internal 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

Internal Medicine	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
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.; 12/7/2015; There has been treatment or conservative therapy.; patient is having neck pain radation abnormal xray showed grade 2 o f l4 and l5; patient had physical therapy and medication therapy with not relief	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	XR done recently degenerative changes, Symptoms worse over the past year; This study is being ordered for a neurological disorder.; Chronic low back pain, chronic neck pain, pain with motion, Numbness bottoms of bilateral feet; There has been treatment or conservative therapy.; chronic neck pain, chronic low back pain, pain with motion, Numbness bottoms of bilateral feet; chiropractor	1
Internal Medicine	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered 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	Approval	72192 CT PELVIS WITHOUT CONTRAST	Rectal pain x 4 days R/O abscess; 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		1
Internal Medicine	Approval	72196 MRI PELVIS	known mass is non cancerous need imaging; 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	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1
Internal Medicine	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	2
Internal Medicine	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
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 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	Approval	73206 CT ANGIOGRAPHY 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 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	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

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.	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY		4
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; CHRONIC PAIN IN BOTH SHOULDERS,DDD,CHRONIC BILATERAL LOW BACK PAIN,DECREASED MOBILITY; There has been treatment or conservative therapy.; MODERATE CONSTANT SHOULDER PAIN,UNCONTROLLED PAIN,SYMPTOMS WORSENER,DECREASED MOBILITY,PAIN WITH RAISING ARMS; STEROID INJECTIONS,HYDROCODONE10MG-ACETAMINOPHEN325MG,OXYCONTIN,HOME EXERCISES	2

Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	limited ROM (5% of right shoulder in all directions on active movement. Better passive ROM but still decreased), can't move arm but slightly without pain, Rotator cuff syndrome, right shoulder and arm pain; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Louis is in clinic today with complaints of persistent shoulder pain. He got some relief from the left shoulder injection, but probably went back to work too early and has had some pain recently. He would like to have an MRI of the right shoulder and this; This study is being ordered for a neurological disorder.; 02/22/16-; There has been treatment or conservative therapy.; Louis is in clinic today with complaints of persistent shoulder pain. He got some relief from the left shoulder injection, but probably went back to work too early and has had some pain recently. He would like to have an MRI of the right shoulder and this; 800 mg ibuprofen, morphine and oxycodone started 2/22/16	2

Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Patient has had an x-ray of both areas. She has rested both and done all she can. Per Dr. Gray there is a possible tear in each her elbow and hip.; This study is being ordered for trauma or injury.; 8-30-2016; There has been treatment or conservative therapy.; Pain, Patient can't fully flex or extend the elbow. She can't pick up anything heavy. It pops into the area just lateral to olecronon. The hip is painful, It popes in and out. It hurts to bend.; Patient has had a injection in the left elbow. She has also had an x-ray of the left elbow and hip. She has used voltaren gel to both areas and used an ace bandage to the elbow.	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Patient here today with c/o left shoulder and neck pain for a little over 2 weeks. She was seen a couple weeks ago for this pain that started in Mid June. She has been on lots of different medications for this including a steroid injection two weeks ago. ; This study is being ordered for a neurological disorder.; June 15, 2016; There has been treatment or conservative therapy.; Worsening pain in neck and shoulder, tingling in left pinky finger; Steriods, Tramadol, heat therapy, muscle relaxers	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 been having shoulder spasms and taking pain medication without any relief	1

Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	35
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.;	3
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.; < Enter answer here - or Type In Unknown If No Info Given. >	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.; Patient complains of shoulder stiffness described as dull and aching. Episodes started two weeks ago and are worsened by shoulder motion and shoulder elevation.	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 not normal.	1

Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study is being ordered for known/suspected joint infection.; It is not known if the patient has had a recent bone scan.; It is not known if the patient has had a recent ultrasound of the shoulder.; The plain films were normal.; It is not known if there are documented findings of joint infection.; < Enter answer here - or Type In Unknown If No Info Given. >; It is not known if the patient had a recent CT of the shoulder.	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3
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 directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.	3

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 experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	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 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

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

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	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
Internal Medicine	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.	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 no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.	3
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		9

Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly.; 2/2016; There has been treatment or conservative therapy.; mbr ahs pain in both knees and arthritis; mbr had medication for anti inflammatory and had xray and muscle relaxers Tylenol for pain	2
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is 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
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	32 yo man with rtc for recent fall on L knee and had immed swelling, pain and redness. Suffered a puncture wound as a result. Has had cont diff with amb, loss of arom and some popping heard/felt. No hx of L knee injury in past. Injury happened on this pas; 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	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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

Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	pt has ft pain and xray showed nothing so they wanted a better look at it;; This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is NOT being ordered for a routine follow up or for a possible non union fracture.	1
Internal Medicine	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
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.; 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 an orthopedist.; Suspected meniscus, tendon, or ligament injury	2
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability	2
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Limited range of motion	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Locking	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	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; 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
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; It is not known if the member experience a painful popping, snapping, or giving away of the knee.	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The 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
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.	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; No, there is no known trauma involving the knee.; Locking; Yes, the member experience a painful popping, snapping, or giving away of the knee.	2

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.	2
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; 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.; Limited range of motion	2
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Locking	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.; Swelling greater than 3 days	6
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; 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 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	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 not normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	1

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

Internal Medicine	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; No, there is no known trauma involving the knee.; It is not known if there is a known trauma involving the knee.; Instability; Instability; No, the member do not experience a painful popping, snapping, or giving away of the knee.; 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.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Locking	1
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 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
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 no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1

Internal Medicine	Approval	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
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is taking antibiotics.	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.	4
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.	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 suspected tarsal coalition.	4
Internal Medicine	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

Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/03/2014 for hip 09/08/2015 for lumbar; There has been treatment or conservative therapy.; left hip pain and chronic back pain; PT for 7 weeks	1
Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	; This study is being ordered for a neurological disorder.; 9/9/16; There has not been any treatment or conservative therapy.; worsening pain in both hips, tingling into legs	2
Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Patient has had an x-ray of both areas. She has rested both and done all she can. Per Dr. Gray there is a possible tear in each her elbow and hip.; This study is being ordered for trauma or injury.; 8-30-2016; There has been treatment or conservative therapy.; Pain, Patient can't fully flex or extend the elbow. She can't pick up anything heavy. It pops into the area just lateral to olecronon. The hip is painful, It popes in and out. It hurts to bend.; Patient has had a injection in the left elbow. She has also had an x-ray of the left elbow and hip. She has used voltaren gel to both areas and used an ace bandage to the elbow.	1

Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Pt was given a trial of pain medication which is not giving pt any relief. Pt has also under gone physical therapy. Physical therapy call today stating that there is nothing more that he can do for the pt and that he recommends that the pt get a mri and p; This study is being ordered for trauma or injury.; The initial onset of pain was 3 weeks ago.; There has been treatment or conservative therapy.; low back pain with Left hip pain. He describes it as moderate in intensity, intermittent, sharp, dull, throbbing, and aching.; IBU 800mg, Ketorolac 10mg, Hydrocodone 10/325. Pt has also tired and failed physical therapy.	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 steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1
Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	3

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 had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	1
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		2
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;;	2

Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	HERNIA,LARGE AREA OF PROTRUSION ON ABDOMEN,EVALUATION 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
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	JAUNDICE,N/V,EPIGASTRIC TENDERNESS,ABD PAIN,JAUNDICE OF SKIN AND EYES,R/O OBSTRUCTION; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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	KNOT ON R CLAVICLE. XRAY WAS NORMAL. Mr. THOMPSON is a 59 year old White male. He is an established patient. He states that his BS is doing better since taking his Metformin at noon. He has pain in his right side and states that it feels like "somethin; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	74150 CT ABDOMEN WITHOUT CONTRAST	Left upper quadrant pain, Bloating, decreased appetite, guarding; diffus tenderness worse LUQ, Was treated with macrobid which pt reports did help symptoms but have returned, report tramadol every 6 hrs helping with pain but is still having trouble gettin; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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	ongoing abdominal pain with abnormal EGD, medications for this have caused dizziness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/02/15; There has been treatment or conservative therapy.; abdominal pain, nausea, vomiting; has taken medications and had an EGD that showed abnormality	1

Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Patient is experiencing right upper quadrant pain.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	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.	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 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.	2

Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There is no known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; Yes, there has been a recent abdominal CT scan.; No, this is not a repeat of a CT of the abdomen within 6 weeks.	1
Internal Medicine	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
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.	7
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.	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.; 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.	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 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 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

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.	7
Internal Medicine	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
Internal Medicine	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.	1
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	trauma; 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

Internal Medicine	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON TRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	4
Internal Medicine	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the abdomen.	5
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST		7
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.; 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	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.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering 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
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/25/2016; There has been treatment or conservative therapy.; severe weight loss, abnormal labs, chronic pain,; medications, PT	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 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 not a hematologist/ oncologist.	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for Inflammatory/ Infectious Disease.; 06/24/2016; There has not been any treatment or conservative therapy.; Worsening pain in lymph nodes for 2 weeks with history of thyroid problems.	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	3 mth follow up for previous scan; 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	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Elev AST and ALT. Abdominal pain  Onset: 3 Years. The severity of the problem is mild. The problem has not changed. The symptoms are constant. The location is right lower quadrant and left lower quadrant. The quality of the pain is dull. Associated sym; 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	Hx of kidney stones; This study is being ordered for Inflammatory/ Infectious Disease.; 07/04/2016 Hx of kidney stones with hematuria; There has been treatment or conservative therapy.; Kidney pain hx of stones; antibiotic therapy continue kidney pain	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient has completed chemotherapy, scan is to check status of treatment.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt. has history of renal stones and low abdominal pain right side; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is 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.; 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.; 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
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.	44
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.; Kidney/Ureteral stone	1

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a 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 a suspicion of an adrenal mass.; 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 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; No, there is not a palpable or observed abdominal mass.; Patient has known Ovarian cancer within peritoneal cavity, this is for restaging following active treatment. Patient completed chemo in march 2016.	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 has Diverticulitis.	1

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.	1
Internal Medicine	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
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.	1
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.	39
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	8
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 Lymphadenopathy.; Other	1

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of 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.; 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

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.; Defused abd pain and N&V with severe pain. Went to ER and that time had a UTI.	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; RIGHT LOWER QUADRANT ABD PAIN,SHARP AND THROBBING ABD 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;	7
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>	4
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; AAA	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abdominal pain - likely hernia	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; Diverticular disease, abdominal pain, nausea, frequent diarrhea, what is documented patient had lost 12 pounds from 5/2016- 9/2016, has had over a month of epigatric and upper abdominal pain. Nausea. Belching. Having diarrhea	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; Frequent UTI's	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; Jondis Abdominal Pain , Abnormal Lab work , elevated liver test , R/O Cancer , Viral ,	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; Multiple cysts on ovaries found on u/s	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; pelvic pain with vaginal bleeding	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 right lower quadrant pain, change in bowel habits, and had a pelvic ULTRA which was normal so MDO is requesting CT, h/x of cervical 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 abdominal pain and acute flank 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; pt was having abdominal pain x 1 day at office visit on 09/14/16 and pain under left breast off and on for about a month. Had Gastric Bypass 28 years ago	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; u/a was negative; r/o kidney, diverticulitis and ovarian cyst.	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; Unexplained abdominal pain, Right CVA area.	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	50
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	12
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	2
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.; There are new symptoms including hematuria.; Suspicious Mass or Tumor	4
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	2
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 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.; 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.; 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
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	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 has been a recent previous abdominal and or pelvis CT scan.; This would be a repeat of a CT of the abdomen and or pelvis within 6 weeks.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.; Follow up for previous abnormal imaging.	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 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 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.	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 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>	2
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 study is being requested 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

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.	6
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	74181 MRI ABDOMEN	; This study is being ordered for a neurological disorder.; brain- off/on x 1yr abdomen- 6mos; There has been treatment or conservative therapy.; brain- mental confusion; r/o mass or cognitive disorder abdomen- abdominal pain and distension; lesion; medications for pain and abdomen ultrasound	1

Internal Medicine	Approval	74181 MRI ABDOMEN	Mass of pancreas, US Liver: 7/19/2016 normal 7/19/16 ill-defined region of hypoenhancement involving the pancreatic head and uncinate process. MRI is recommended for further evaluation of possible pancreatic neoplasm versus inflammatory process; 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	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."; Pain	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 follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; Mr. Gilmore is a pleasant 64 year-old non-Hispanic white with hepatitis C (genotype 1a/1b, HCV RNA 5.89 in 06/2014; cryoglobulins +), cirrhosis, and hepatocellular carcinoma. Diagnosed with HCV in the early 1990's during a check up before orthopedic surge	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.";	1

Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; < 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.; "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
Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; < Enter answer here - or Type In Unknown If 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.; "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 abnormal US Abdomen showing a right lobe liver mass.	1

Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has 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.; "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."; lesion	1
Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; < 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.; "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."; Abdominal ultrasound showed focal hypoechoic area in the right lobe of liver. MRI was recommended.	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."; The patient had an abnormal Ultrasound showing a mass. Please consider correlation with an MRI for further review.	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."; Results of liver ultrasound on Sept 19, 2016 showed a fairly well defined hypoechoic nodule measuring 10.7 x 8.3 x 8.4 mm which is an increase in size from prior study in March 2016 when it measured 7 x 5 x 5 mm.	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 not had an abdominal ultrasound, CT, or MR study."; 52 yo female with PMH of uncontrolled DM, HTN, h/o multiple abscesses comes to establish care. She recently saw a surgeon for abscesses in her R thigh which were drained. A week ago, she noticed a boil in her buttock, close to her perineal area which was	1

Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; < 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 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.; CHOLELITHIASIS, CALCULUS OF GALLBLADDER, EPIGASTRIC PAIN, RUQ, NAUSEA, VOMITING, ABDOMINAL PAIN	1
Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Extensive sigmoid diverticulosis without significant inflammation to suggest diverticulitis, Ill-defined region of subtle hyperenhancement within the hepatic segments 4A and 4B which may represent a perfusional abnormality or region of focal fatty sp	1
Internal Medicine	Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	This is a request for a MR Angiogram of the abdomen.	2

Internal Medicine	Approval	75557 Cardiac MRI Morph & structure w/o contrast	This is a request for a heart or cardiac MRI	1
Internal Medicine	Approval	75572 CT Heart		5
Internal Medicine	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.	2
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.	2
Internal Medicine	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Patient had screening and digital magnified mammograms: both are abnormal - need MRI for further evaluation. Patient has history of previous biopsy many years ago. Has breast implants that might obscure findings of an ultrasound.; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; 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

Internal Medicine	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Pt has 4-5 history of left breast carcinoma, 6 mo mammogram severe pain and heat from right breast. r/O inflammatory carcinoma or abcess.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
Internal Medicine	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.; 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.; 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).	1
Internal Medicine	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	1

Internal Medicine	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a suspected implant rupture.; Yes,this study is being ordered to evaluate a suspected silicone implant rupture.	1
Internal Medicine	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	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	restaging; This is a request for an MRI Bone Marrow.	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.	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1

Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; 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	< 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	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).	1

Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	61 year old male history of poorly controlled DM2, chronic kidney disease, HTN, sleep apnea with 3 recent episodes of resting chest pain needs evaluation of Nuclear stress test; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; 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	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

Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Intermittent dizziness Chest pain with radiation to back & arm Hypertension Family hx of cad Current smoker; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient has had a cardiac calcification done. Chest pain off and on over the past few months. Radiates to the back with left arm numbness and tightness. Known smoker.; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; 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	patient with atypical chest pain has enough risk factors to warrant ordering nuclear stress test for patient; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	pt has cardiac murmur, systolic murmur and carotid bruit; 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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt is having 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

Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Shortness of breathe and palpitations. Holter Monitor shows abnormal ST and T changes.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	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).	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 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'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.; 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

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.	13
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.	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.; 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).	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are 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.	2

Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are 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
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 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	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a more than 1 of the following; diagnostic test, imaging sstudy, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.	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	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		1
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	staging evaluation; 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; It is unknown why the study is being ordered.; This study is being requested for Colo-rectal Cancer.	1
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Lung Cancer.	1

Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.	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 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
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.	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.; 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 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 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	strokes; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/3/2016; There has not been any treatment or conservative therapy.; Weakness in left arm and hand, shaking, slurred, ischemic infarct, previous strokes	1
Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	2

Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for 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
Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	1
Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	1
Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	1
Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This 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

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 Heart Failure; This is for the initial evaluation of heart failure.	3
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 does not have a history of a recent heart attack or hypertensive heart disease.	1
Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of 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.	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	S8032 Low-dose Computed Tomography For Lung Cancer Screening	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has not been any treatment or conservative therapy.; pain and screening for lung cancer	1
Internal Medicine	Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening	This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	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 (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	4

Internal Medicine	Approval	S8037 mrcp		Mass of pancreas, US Liver: 7/19/2016 normal Ct Abd pelvis 7/19/16 ill-defined region of hypoenhancement involving the pancreatic head and uncinate process. MRI is recommended for further evaluation of possible pancreatic neoplasm versus inflammatory process; 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	S8037 mrcp		patient with history of gastric bypass surgery has frequent bouts of pancreatitis. needs to have MRCP for evaluation; 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	< 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
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.; 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	< 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; There is another reason why an MRI is not being considered; <Please enter reason here>	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 8/26/16; There has been treatment or conservative therapy.; ; Baclofen, Tramadol. She saw a chiropractor and had imaging of the neck and thoracic done and was told her hips were out of line and had a spur on her cervical spine.	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Headaches since 8/2015, has had OTC meds and injection meds. with no real 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
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	patient describes headache as the worst pain of his life. Chronic, ongoing x 2 months; 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	patient has been having dizziness for about a month. reports eye discomfort on the right side when she makes position changes; 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 Vertigo; It is unknown why an MRI is not being considered	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient has history of stroke and reoccurring headaches for 2 years.; 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	patient has no hx of headaches or migraines.The current episode started 1 to 4 weeks ago. The problem occurs intermittently. The problem has been gradually worsening. The pain is located in the occipital region. The pain does not radiate. The pain quality; 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	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/25/16; There has not been any treatment or conservative therapy.; daily headaches, cuptile tightness, deciated sectum, bulge	1
Internal Medicine	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.; rhinitis, daily HEADACHE,; medication	1
Internal Medicine	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 8/27/16; There has been treatment or conservative therapy.; Patient is having right sided facial pain, swelling - her teeth are not matching up on mastication - tenderness along the maxilla - patient is also having pain along the bilateral paraspinal muscles; Patient has tried rest, ice, NSAIDS - no relief after these measures	1

Internal Medicine	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Lumbar radiculopathy noted. The location is primarily in the upper and mid lumbar spine. The pain radiates to the thighs. He characterizes it as moderate in intensity, dull, and throbbing. This is a chronic problem, with essentially constant pain. Th; This study is being ordered for trauma or injury.; Lumbar radiculopathy noted. The location is primarily in the upper and mid lumbar spine. The pain radiates to the thighs. He characterizes it as moderate in intensity, dull, and throbbing. This is a chronic problem, with essentially constant pain. Th; There has been treatment or conservative therapy.; Lumbar radiculopathy noted. The location is primarily in the upper and mid lumbar spine. The pain radiates to the thighs. He characterizes it as moderate in intensity, dull, and throbbing. This is a chronic problem, with essentially constant pain. Th; RECOMMENDATIONS given include: cold packs, moist heat, and use of a soft cervical collar. RECOMMENDATIONS given include: alternating cold packs and moist heat, weight loss, and He is instructed to avoid lifting over 25 lbs.. .	1
Internal Medicine	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Recurrent sinusitis with increasing and worsening headache; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset 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	UNKNOWN; This study is being 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.; rhinitis, daily HEADACHE,; medication	1
Internal Medicine	Disapproval	70490 CT NECK SOFT TISSUES,LARYNX,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.; ; There has been treatment or conservative therapy.; ; PAIN WORSE AFTER USING ARM, PERSISTENT AND WORSENING,RADIATES TO BREAST REGION. HEADACHES WITH NECK PAIN, USES WARM AND COLD PACKS DAILY; ; HX OF NECK FUSION AND LUMBAR SURGERY WITH METAL, PT HAS HAD TRIGGER POINT INJECTIONS, VOLTAREN GEL,NSAIDSWITHOUT RE	1
Internal Medicine	Disapproval	70490 CT NECK SOFT TISSUES,LARYNX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 8/27/16; There has been treatment or conservative therapy.; Patient is having right sided facial pain, swelling - her teeth are not matching up on mastication - tenderness along the maxilla - patient is also having pain along the bilateral paraspinal muscles; Patient has tried rest, ice, NSAIDS - no relief after these measures	1

Internal Medicine	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAS INTERMITTENT AND PRODUCTIVE COUGH AND HOARSENESS; This study is being ordered for Inflammatory/ Infectious Disease.; DEC. 01/2015; There has been treatment or conservative therapy.; PATIENT IS PRESENT WITH PRESISTANT COUGH. PATIENT STATES SHE IS COUGHING UP WHITE PHLEGM, IT IS PAINFUL TO BREATHE AT TIME.; MEDICATIONS WERE PRESCRIBED AND A CHEST XRAY WAS DONE AND SHOTS FOR THE NECK PAIN WERE GIVEN	1
Internal Medicine	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Pt is having constant left sided headaches that are debilitating; 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
Internal Medicine	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Pt is having constant left sided headaches that are debilitating; 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
Internal Medicine	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; Clinical documentation back to March 2016.; There has been treatment or conservative therapy.; double vision, extraocular muscle palsy/4th nerve palsy.; Please see attached clinicals	2
Internal Medicine	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; Patient has been seeing specialist and MRI's are being ordered at Dr. Doyle request for patient to have MRI's done local.; There has been treatment or conservative therapy.; Extraocular muscle palsy; See attached doc.	3

Internal Medicine	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;;	1
Internal Medicine	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.; initial finding are 8/24/16; There has not been any treatment or conservative therapy.; He had an abnormal eye exam and is needing further testing	1
Internal Medicine	Disapproval	70544 Mr angiography head 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.; see att notes; It is not known if there has been any treatment or conservative therapy.; see att notes	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 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

Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing fatigue or malaise.	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 does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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

Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 8/23/16; There has not been any treatment or conservative therapy.; HA/ back pain	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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; initial finding are 8/24/16; There has not been any treatment or conservative therapy.; He had an abnormal eye exam and is needing further testing	1

Internal Medicine	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.; see att notes; It is not known if there has been any treatment or conservative therapy.; see att notes	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	07/24/2015; MRI Lumbar w/o contrast; L2-L3 minimal facet arthropathy; L3-L4 minimal disk bulge to the left, mild facet arthropathy; L4-L5 minimal disk bulge with facet arthropathy; L5-S1 minimal disk bulge with left paracentral protrusion associated with; This study is being ordered for a neurological disorder.; provider requesting MRI's for futher evaluation of patient symptoms; There has been treatment or conservative therapy.; headache, sensitivity to light, back pain; current diagnosis-headache, vision loss,osteoarthritis, wkness, BLE weakness; pain medications and muscle relaxers	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic headache not improved with medication; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	History of headaches and syncope.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	memory loss , R/o ischemic disease; 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
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has chronic headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient is having hypoglycemia. the patient has a fatty liver but with normal liver function testing. the mri is being ordered to rule out pituitary tumor; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	r/o concussion; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	SUDDEN MEMORY PROBLEMS,INCREASING PROBLEMS,RULE OUT MASS AND STROKE; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1

Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unilateral hearing loss, 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; 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	unknown; This study is being ordered for Congenital Anomaly.; 12/6/2009; There has been treatment or conservative therapy.; they think she is having a cervical spine fluid leak; she was spontaneous hypertension / she has bee seen many times for this / blood patches for cervical spine fluid leaks	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. >; "There is NO evidence of a lung, mediastinal or chest mass 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.; 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	< Enter answer here - or Type In Unknown If No Info Given. >; The patient has NOT had a chest x-ray recently.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.	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 Vascular Disease.; 07/15/2016; There has been treatment or conservative therapy.; inflammation; steroids and pain medication	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; "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	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

Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Follow-up on known 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
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Having swelling in suprasternal notch, diaphoresis, night sweats, 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
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Hx of kidney stones; This study is being ordered for Inflammatory/ Infectious Disease.; 07/04/2016 Hx of kidney stones with hematuria; There has been treatment or conservative therapy.; Kidney pain hx of stones; antibiotic therapy continue kidney pain	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient had diagnosis of COPD, chest pain, hypothyroidism, generalized weakness, had prior heart cath. Ruled out for MS.; "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	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	PATIENT HAS INTERMITTENT AND PRODUCTIVE COUGH AND HOARSENESS; This study is being ordered for Inflammatory/ Infectious Disease.; DEC. 01/2015; There has been treatment or conservative therapy.; PATIENT IS PRESENT WITH PRESISTANT COUGH. PATIENT STATES SHE IS COUGHING UP WHITE PHLEGM, IT IS PAINFUL TO BREATHE AT TIME.; MEDICATIONS WERE PRESCRIBED AND A CHEST XRAY WAS DONE AND SHOTS FOR THE NECK PAIN WERE GIVEN	1

Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	pt in to office with left sided rib pain on going for 6 weeks, no better with Nsaids and rest from daily exercise routine.area is and has been tender to touch and painful with certain movements.; A Chest/Thorax 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.; 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
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	287.891 HX of smoking; 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	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
Internal Medicine	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 8/26/16; There has been treatment or conservative therapy.; ; Baclofen, Tramadol. She saw a chiropractor and had imaging of the neck and thoracic done and was told her hips were out of line and had a spur on her cervical spine.	1

Internal Medicine	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Neck pain for 3 years; 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	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.; ; PAIN WORSE AFTER USING ARM, PERSISTENT AND WORSENING,RADIATES TO BREAST REGION. HEADACHES WITH NECK PAIN, USES WARM AND COLD PACKS DAILY  HX OF NECK FUSION AND LUMBAR SURGERY WITH METAL, PT HAS HAD TRIGGER POINT INJECTIONS, VOLTAREN GEL,NSAIDSWITHOUT RE	1
Internal Medicine	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.; 05/30/2016; There has not been any treatment or conservative therapy.; Rt flank pain and back pain	1
Internal Medicine	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	Small knot noted around right posterior lower rib cage, painful to palpation.Has had pain since end of May.; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.	1
Internal Medicine	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.; 05/30/2016; There has not been any treatment or conservative therapy.; Rt flank pain and back pain	1

Internal Medicine	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is 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.	2
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 had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; List meds here	1

Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/2016; There has been treatment or conservative therapy.; pain; PT	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/21/2016; There has been treatment or conservative therapy.; back pain; pt	1

Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2007; There has been treatment or conservative therapy.; chronic back pain; PT and chiro	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7-26-16; It 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	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has not been any treatment or conservative therapy.; pain and screening for lung cancer	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. >NECK PAIN; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings SHE WEAKNESS RIGTH 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
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.;	2
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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/19/16 IS THE FIRST TIME PT C/O BACK PAIN, PT HAS HAD PRIOR NECK SURGERY FOR FUSION.; There has been treatment or conservative therapy.; eck pain - proceed with xr cervical spine lack of normal curvature noted significant ddd worse c3/4 level hardware in place C6/7  Shoulder pain - Right - further eval to r/o rotator cuff issues  proceed with referral to P.t continue nsaid and muscle;	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.; several years; There has been treatment or conservative therapy.; neck and back pain worsening.; medications,	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	brain-r/o aneurysm; This study is being ordered for a neurological disorder.; 07/20/2016; There has been treatment or conservative therapy.; h/a localized to one specific area; neck pain; medication- Flexaril 5mg; Medrol dose pack; PT	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 IMr. LASTER presents with low back pain. The discomfort is most prominent in the lumbar spine. This radiates to the right calf. He characterizes it as constant, moderate in intensity, sharp, and aching. This is a; 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	Lumbar radiculopathy noted. The location is primarily in the upper and mid lumbar spine. The pain radiates to the thighs. He characterizes it as moderate in intensity, dull, and throbbing. This is a chronic problem, with essentially constant pain. Th; This study is being ordered for trauma or injury.; Lumbar radiculopathy noted. The location is primarily in the upper and mid lumbar spine. The pain radiates to the thighs. He characterizes it as moderate in intensity, dull, and throbbing. This is a chronic problem, with essentially constant pain. Th; There has been treatment or conservative therapy.; Lumbar radiculopathy noted. The location is primarily in the upper and mid lumbar spine. The pain radiates to the thighs. He characterizes it as moderate in intensity, dull, and throbbing. This is a chronic problem, with essentially constant pain. Th; RECOMMENDATIONS given include: cold packs, moist heat, and use of a soft cervical collar. RECOMMENDATIONS given include: alternating cold packs and moist heat, weight loss, and He is instructed to avoid lifting over 25 lbs.. .	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MVA 2014, limited range of motion in the neck, bulging upper thoracic and base of neck, neck and upper back pain not improved with pain medications; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/30/2016; There has been treatment or conservative therapy.; neck and upper back pain, MVA 2014; oral medications	1

Internal Medicine	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.; 3/31/2016; There has been treatment or conservative therapy.; Neck pain and numbness going into left hand, leg pain radiating to her bilateral hip and back, muscle spasms.; Medications.	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Neck pain noted. The location of discomfort is posterior and on the right side. It radiates to the intrascapular area, right shoulder, and right arm. The pain is characterized as moderate in intensity, constant, dull, stabbing, cramping, pulling, and ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Neck pain, arm parathesia, numbness and tingling.; This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; 01/1/2016; There has been treatment or conservative therapy.; chronic pain, radiculopathy, tingling, numbness, neck pain that radiates to bi lateral shoulders; PT	1

Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is having bilateral arm numbness and tingling, nerve conduction study has been done and has been resulted as normal.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient with a history of severe neck and shoulder pain for the past 2 years with no improvement with conservative treatment. Her pain is worsening and severe enough to cause nausea and vomiting.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Recommendations given to patient on 2/1/16 included stretching, ice/heat, and NSAID medications.	1

Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	r/o degenerative disc 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.; 11/04/2015; There has been treatment or conservative therapy.; neck and back pain, radiculopathy of the arm and the leg; medication and physical therapy	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; 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.; x-ray	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; N/A	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	1

Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; radiculopathy and tingling;; 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; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	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; 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

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 complains of neck pain. The location of discomfort is at the site of occipital insertion. Initial onset was many years ago. did a round of PT without any real relief.....now having 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; 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
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.	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; 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.; SEVERE CHRONOC NECK PAIN AND BACK PAIN,NOCTURNAL PAIN,NOCTURNAL AWAKENING,RADICULOPATHY AFFECTING UPPER EXT.	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.; Pain with burning sensation down arms, pain when turning head	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.; Patient is having some really bad back pain. Has been going on for a while. He did have an x-ray which was abnormal.	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.; Severe decreased rom in c-spine area; weakness; x-ray showed narrowing in the cervical spine and DJD	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.; unknown	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Patient has numbness and tingling of hand and pain left hand.	1

Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Patient states she's had a lot of trauma to her head neck. She has chronic neck pain. She does have headaches. In 2008, she had an accident where television came down on her head. She's had problems ever since. Occasionally her hand will go numb. Sometime	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; ; 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
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; c/o cont'd neck pain - moderate/stable/occ immobile with pain/some radicular pain to shoulder.; No, the patient does not 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.; 04/2016; It is not known if there has been any treatment or conservative therapy.; Patient has complete numbness in right hand. Neck pain and stiffness. She also has low back pain that radiates to BLE and states that her back "gives out" when she crutches down or bends over	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 a neurological disorder.; 05/2016; There has been treatment or conservative therapy.; Upper back and R arm pain.; steroid injections, Tramadol	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 Congenital Anomaly.; 12/6/2009; There has been treatment or conservative therapy.; they think she is having a cervical spine fluid leak; she was spontaneous hypertension / she has been seen many times for this / blood patches for cervical spine fluid leaks	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < 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	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.; 05/21/2016; There has been treatment or conservative therapy.; back pain; pt	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/1/16; There has been treatment or conservative therapy.; back pain; chiropractor meds	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Back pain; PT	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.; 06/14/2016; There has been treatment or conservative therapy.; Back pain and tingling in lft side; Steroid Dose Pack	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.; 4/19/16 IS THE FIRST TIME PT C/O BACK PAIN, PT HAS HAD PRIOR NECK SURGERY FOR FUSION.; There has been treatment or conservative therapy.; eck pain - proceed with xr cervical spine lack of normal curvature noted significant ddd worse c3/4 level hardware in place C6/7  Shoulder pain - Right - further eval to r/o rotator cuff issues  proceed with referral to P.t continue nsaid and muscle;	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.; Patient has had back pain for many years. It has just gotten worse and to the point she is having trouble getting out of bed from all the pain.; There has been treatment or conservative therapy.; Lots of pain in the back. It is makeing it hard to get up out of the bed. Patient thinks she may have trouble walking at times the pain is so bad.; Patient has had physical therapy and is on pain meds	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.; several years; There has been treatment or conservative therapy.; neck and back pain worsening.; medications,	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	41 year female patient w/ 5 weeks of meds and HEP.; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in upper 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 recent evidence of a thoracic spine fracture.	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 IMr. LASTER presents with low back pain. The discomfort is most prominent in the lumbar spine. This radiates to the right calf. He characterizes it as constant, moderate in intensity, sharp, and aching. This is a; 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	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."; R/O Spinal lesions;	1

Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	lower thoracic pain thru lumbar to legs and worse with activity and sitting; This study is 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 not been any treatment or conservative therapy.; low back pain into legs	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MVA 2014, limited range of motion in the neck, bulging upper thoracic and base of neck, neck and upper back pain not improved with pain medications; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/30/2016; There has been treatment or conservative therapy.; neck and upper back pain, MVA 2014; oral medications	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient had mri done last year showed arthritis and low bone density, buldging disk? pt states he is in alot of pain.; This study is being ordered for a neurological disorder.; patient states first unset was 20 years ago and has gotten progressively worse.; There has been treatment or conservative therapy.; low back pain with pain radiating down the rt leg. unable to sit, stand or lie down for long periods of time. also has difficulty with getting out of his bed; pt was treated with oral medications and referred to pain management	1

Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient is having 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.; patient has been having back pain since May 20, 2016; It is not known if there has been any treatment or conservative therapy.; lower back pain	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	r/o herniated 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.; 08/30/2016; There has been treatment or conservative therapy.; pain that radiates to right leg; medications and steroids	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.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; patient also seen in provider office on 07/06/2016 to f/u after MRI Lumbar spine, Pt states upper back pain, Followup:  c/o back pain with radiation to ble for several months/worsening/moderate.;; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	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.; none; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Says that he has good tolerance to pain in general, but has been having this back pain in the thoracic region for the past 6 months with no specific aggravating or relieving factors and when he gets the back ache, he could hardly do anything. Its becoming; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; She reports a constricting type feeling in her low thoracic spine, mid thoracic spine and some weakness into her arms.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	2

Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of asymmetric reflexes.	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does 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.; severe pain , injection on 8/8	1
Internal 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.; Golf ball size mass	1
Internal 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.; Patient does have a lump noted to right posterior flank area. Will evaluate this further as patient is very concerned. She states that she will use heat on this to see if it will help.	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Congenital Anomaly.; 12/6/2009; There has been treatment or conservative therapy.; they think she is having a cervical spine fluid leak; she was spontaneous hypertension / she has bee seen many times for this / blood patches for cervical spine fluid leaks	1

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		2
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.; 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
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 no weakness or reflex abnormality.; The patient does not have new signs or symptoms of 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
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.; BACK AREA; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

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.; Exam revealed tenderness in lumbar spine; weakness and numbness in right lower extremity.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
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.; The patient has acute or chronic back pain.; The patient has none of the above	6
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 6/30/2016; There has been treatment or conservative therapy.; serve pain; medication, physical 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.; < 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
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.; 04/2016; There has been treatment or conservative therapy.; pain; PT	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.; 2007; There has been treatment or conservative therapy.; chronic back pain; PT and chiro	1

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/1/16; There has been treatment or conservative therapy.; back pain; chiropractor meds	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.; 7-26-16; It 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	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has not been any treatment or conservative therapy.; pain and screening for lung cancer	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 trauma or injury.; 8/23/16; There has not been any treatment or conservative therapy.; HA/ back pain	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 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.; SOME SPASM AND MODERATE TTP ON LIGHT TOUCH OVER LOWER THORACIC AND LUMBAR PARAVERTEBRAL MUSCLES & SI JOINTS, SEEMING TO BE WORSE THAN EXPECTED WITH LIGHT PALPATION. NO TTP OVER THORACIC OR LUMBAR VERTEBRAE.	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Severe lumbar spine pain with right LE radiculopathy and 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	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Internal Medicine	Disapproval	72148 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	7

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.;;	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 Inflammatory/ Infectious Disease.;; There has been treatment or conservative therapy.;;	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;; There has been treatment or conservative therapy.;;	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/14/2016; There has been treatment or conservative therapy.; Back pain and tingling in lft side; Steroid Dose Pack	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient has had back pain for many years. It has just gotten worse and to the point she is having trouble getting out of bed from all the pain.; There has been treatment or conservative therapy.; Lots of pain in the back. It is making it hard to get up out of the bed. Patient thinks she may have trouble walking at times the pain is so bad.; Patient has had physical therapy and is on pain meds	1

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; several years; There has been treatment or conservative therapy.; neck and back pain worsening.; medications,	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	07/24/2015; MRI Lumbar w/o contrast; L2-L3 minimal facet arthropathy; L3-L4 minimal disk bulge to the left, mild facet arthropathy; L4-L5 minimal disk bulge with facet arthropathy; L5-S1 minimal disk bulge with left paracentral protrusion associated with; This study is being ordered for a neurological disorder.; provider requesting MRI's for further evaluation of patient symptoms; There has been treatment or conservative therapy.; headache, sensitivity to light, back pain; current diagnosis-headache, vision loss, osteoarthritis, weakness, BLE weakness; pain medications and muscle relaxers	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	2. Sciatica; Onset: 2 weeks ago. The problem is changing in character. It occurs persistently. Location of pain is lower back and legs. Pain is radiated to the left hip. The patient describes the pain as an ache. Context: no injury. Symptoms are aggravated; 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 and radiating down right leg.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	CHRONIC LOW BACK PAIN, TAKING MELOXICAM SINCE 7/21/16, low back pain is needing MRI for Spine Institute in Tulsa. Planning to see neurosurgeon there and they are needing updated 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
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 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.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown IMr. LASTER presents with low back pain. The discomfort is most prominent in the lumbar spine. This radiates to the right calf. He characterizes it as constant, moderate in intensity, sharp, and aching. This is a; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative 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 Low back pain w/bilateral LE weakness; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	increasing numbness and tingling, anti-inflammatories 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
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Mr. Collier complains of left hip and lower back pain. The location of the pain is deep and posterior. It does not radiate. He describes it as moderate in intensity, intermittent, sharp, dull, throbbing, and aching. The initial onset of pain was 2 wee; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/21/2016; There has been treatment or conservative therapy.; Lower back and left hip pain. He describes it as moderate in intensity, intermittent, sharp, dull, throbbing, and aching.; RECOMMENDATIONS given include: avoidance of weight bearing, RICE therapy, passive ROM, and isotonic exercise. ibuprofen 800mg Tablet Take 1 tablet(s) by mouth q8h prn #60 (Sixty) tablet(s) Ketorolac Tromethamine 10mg Tablet Take 1 tablet(s) by mouth q 4 to	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/31/2016; There has been treatment or conservative therapy.; Neck pain and numbness going into left hand, leg pain radiating to her bilateral hip and back, muscle spasms.; Medications.	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 01/1/2016; There has been treatment or conservative therapy.; chronic pain, radiculopathy, tingling, numbness, neck pain that radiates to bi lateral shoulders; PT	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain and see icd 10 codes; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient had a fall on June 30,2016 which made symptoms much worse; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness to right foot and right leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient had a fall two years ago, and is has had chronic pain ever since.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient had mri done last year showed arthritis and low bone density, buldging disk? pt states he is in alot of pain.; This study is being ordered for a neurological disorder.; patient states first unset was 20 years ago and has gotten progressively worse.; There has been treatment or conservative therapy.; low back pain with pain radiating down the rt leg. unable to sit, stand or lie down for long periods of time. also has difficulty with getting out of his bed; pt was treated with oral medications and referred to pain management	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has low back pain since October 2014. He did complete 5 weeks of PT in September 2016. He does have DDD shown on previous MRI. He has bilateral leg numbness which starts at his hips and goes down to toes. in 2015, he had steroid injections with no; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has pain that radiates down her 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	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient is having 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.; patient has been having back pain since May 20, 2016; It is not known if there has been any treatment or conservative therapy.; lower back pain	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient reports low back pain with radiating numbness in tinglin in his rt leg. patient is using cane to walk states he is afraid leg will give out from numbness.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; dr. reports tender lower lumbar spine; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient was hit by a car on Aug 21, 2016. still c/o back pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt complaining of pain, past 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

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has a chronic issue, MD put a note that pt's pain has been worsening consistently over past 6 months; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt was attacked by bigger guy, bigger guy was trying to break into car window and kicked pt in 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
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	r/o degenerative disc 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.; 11/04/2015; There has been treatment or conservative therapy.; neck and back pain, radiculophy of the arm and the leg; medication and physical therapy	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	r/o herniated 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.; 08/30/2016; There has been treatment or conservative therapy.; pain that radiates to right leg; medications and steroids	1

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Stating the Ortho will not see the member unless and MRI is completed; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Within his youth years; There has been treatment or conservative therapy.; Low back and hip pain; Surgery when he was a youth	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 an Abnormal x-ray indicating a significant abnormality	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)	4
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.; 04/2016; It is not known if there has been any treatment or conservative therapy.; Patient has complete numbness in right hand. Neck pain and stiffness. She also has low back pain that radiates to BLE and states that her back "gives out" when she crouches down or bends over	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	2

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 Congenital Anomaly.; 12/6/2009; There has been treatment or conservative therapy.; they think she is having a cervical spine fluid leak; she was spontaneous hypertension / she has been seen many times for this / blood patches for cervical spine fluid leaks	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Weakness, straight leg raise, pain radiates, worse into left leg, pain is 8 out of 10. Patient has tried chiropractor and meds - no help.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness, straight leg raise, pain radiates, worse into left leg, pain is 8 out of 10. Patient has tried chiropractor and meds - no help.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
Internal Medicine	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; 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

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 a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	pain with urination, in the flank, difficulty urinating and urinary tract infections, pelvic pain,constant pain, worse upon standing or walking, abd. pain very painful, pelvic pain continues. reports sore pelvic bones; This study is 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 for 6 months; There has been treatment or conservative therapy.; pain with urination, in the flank, difficulty urinating and urinary tract infections, pelvic pain,constant pain, worse upon standing or walking, abd. pain very painful;; fentanyl 12 mcg/hr transdermal patch, hydrocodone 7.5 mg-ibuprofen 200 mg tablet, Macrobid 100 mg capsule	1
Internal Medicine	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	1

Internal Medicine	Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; PAIN WORSE AFTER USING ARM, PERSISTENT AND WORSENING,RADIATES TO BREAST REGION. HEADACHES WITH NECK PAIN, USES WARM AND COLD PACKS DAILY  HX OF NECK FUSION AND LUMBAR SURGERY WITH METAL, PT HAS HAD TRIGGER POINT INJECTIONS, VOLTAREN GEL,NSAIDSWITHOUT RE	1
Internal Medicine	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.; ; It is not known if there has been any treatment or conservative therapy.;	1
Internal Medicine	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.; 4/19/16 IS THE FIRST TIME PT C/O BACK PAIN, PT HAS HAD PRIOR NECK SURGERY FOR FUSION.; There has been treatment or conservative therapy.; eck pain - proceed with xr cervical spine lack of normal curvature noted significant ddd worse c3/4 level hardware in place C6/7  Shoulder pain - Right - further eval to r/o rotator cuff issues  proceed with referral to P.t continue nsaid and muscle;	1

Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; < Enter answer here - or Type In Unknown If No Info Given. >	1
Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; . R arm pain Patient reports R arm pain for the last 3-4 weeks. She does not remember any injury to the area, but she is a home health aide and lifts her patients up to transport them. The pain extends from the R shoulder down to the elbow, is a sore, ac	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.; < Enter answer here - or Type In Unknown If No Info Given. >	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.; provider requesting MRI Left Shoulder due to pain in shoulder post lifting object	1

Internal Medicine	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 completed 6 weeks of physical therapy?	1
Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 05/2016; There has been treatment or conservative therapy.; Upper back and R arm pain.; steroid injections, Tramadol	1

Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	With regard to the shoulder sprain, she complains of right shoulder pain. The location of the pain is deep. It radiates to the arm. The pain initially started 6 weeks ago. The apparent precipitating event was picked someone up. She describes it as in; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Internal Medicine	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient 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

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 has a documented limitation of their range of motion.; This is a request for bilateral foot MRI.;	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 study is being ordered for trauma or injury.; 12/01/2015; There has been treatment or conservative therapy.; instability , locking; medication	2
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.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	1
Internal Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered 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	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Find the reason for the pain and swelling. xrays were non dx.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/19/2016; There has been treatment or conservative therapy.; pt is experiencing Pain, swelling and effusion.; Nsaids with heat and cold application.	2

Internal Medicine	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.; 2/4/2016; There has been treatment or conservative therapy.; knee pain, crepitis; Medications, exercise, warm and cold compresses 4x daily	2
Internal Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	pain for number of years, swelling,; 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	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 not from a recent injury, old injury, chronic pain or a mass.	1
Internal Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Severe pain in right knee , fell on knee several years ago , no xrays done , decreased rom , limping due to pain , no medications or conservative therapy , no physical therapy.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
Internal Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Stating the Ortho will not see the member unless and MRI is completed; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Within his youth years; There has been treatment or conservative therapy.; Low back and hip pain; Surgery when he was a youth	2

Internal Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	2
Internal Medicine	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	Mr. Collier complains of left hip and lower back pain. The location of the pain is deep and posterior. It does not radiate. He describes it as moderate in intensity, intermittent, sharp, dull, throbbing, and aching. The initial onset of pain was 2 wee; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/21/2016; There has been treatment or conservative therapy.; Lower back and left hip pain. He describes it as moderate in intensity, intermittent, sharp, dull, throbbing, and aching.; RECOMMENDATIONS given include: avoidance of weight bearing, RICE therapy, passive ROM, and isotonic exercise. ibuprofen 800mg Tablet Take 1 tablet(s) by mouth q8h prn #60 (Sixty) tablet(s) Ketorolac Tromethamine 10mg Tablet Take 1 tablet(s) by mouth q 4 to	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 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

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 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	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	4

Internal Medicine	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	abdominal pain, bloated, black stool, diarrhea, sharp pain worsening over past month, indigestion, acid reflux, nausea; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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	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	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	negative EGD; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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	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.	3
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 Vascular Disease.; 07/15/2016; There has been treatment or conservative therapy.; inflammation; steroids and pain medication	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1

Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	abdominal pain with umbilical hernia - reports having discomfort intermittently.; ABDOMEN: soft, NT/ND,umbilical hernia 2x2cm round BS present, no masses palpated, no hepatosplenomegaly.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first 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
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	abnormal uterine and vaginal bleeding, pt has a mirena in place.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or 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
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Ms. Newton has been experiencing wt loss of 20 pounds over the 10 months and has a cough.; This study is 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 not been any treatment or conservative therapy.; cough, weight loss	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.; It is not known if there are new symptoms including hematuria.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Ovarian Cyst	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 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; No, there is not a palpable or observed abdominal mass.; This is for Restaging for colon cancer, completed chemo in sept of 2014.	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 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.;	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 unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; patient has rectal bleeding with constipation	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.; Liver function test was done as new patient exam and came back abnormal. Hepatitis screening non-reactive. Need Abdomen and pelvis CT for further 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 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 having LLQ pain and bloating. Ultra Sound negative	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>	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; has elevated liver function tests.  8-19-16 SGOT/AST 63 SGPT 129  2-19-16 SGOT/AST 35 SGPT 106  12-11-15 SGOT 68 SGPT 152  Has hyperlipidemia and takes crestor. Has cut back his crestor to 2 - 3 times per week. Has a family history of heart di	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; Hepatitis C chronic new onset and weakness	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; Mrs. Brock reports fever that has lasted for two days.	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 been having abd and lower pain and has been xray and needs further testing	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 osteomyelitis	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 is present with abdominal pain and hernia	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 a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; 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.; 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	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.; 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.; Pt suffers with 06/2014 testicular cancer underwent surgery 04/2016 Chest CT displayed lung spots. surveillance and/or restaging.</p>	1
Internal Medicine	Disapproval	74181 MRI ABDOMEN	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 metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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

Internal Medicine	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	pain with urination, in the flank, difficulty urinating and urinary tract infections, pelvic pain, constant pain, worse upon standing or walking, abd. pain very painful, pelvic pain continues. reports sore pelvic bones; This study is 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 for 6 months; There has been treatment or conservative therapy.; pain with urination, in the flank, difficulty urinating and urinary tract infections, pelvic pain, constant pain, worse upon standing or walking, abd. pain very painful,; fentanyl 12 mcg/hr transdermal patch, hydrocodone 7.5 mg-ibuprofen 200 mg tablet, Macrobid 100 mg capsule	1
Internal Medicine	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; ORDERED ON BEHALF OF A SPECIALIST, PATIENT HAD RIGHT PARTIAL NEPHRECTOMY IN 2013 ON THE RIGHT	1
Internal Medicine	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 WITH IRON OVERLOAD AND FATTY LIVER DISEASE. DR WANTING A MRI OF LIVER TO ASSESS THE LIVER IRON CONCENTRATION.	1

Internal Medicine	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 something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
Internal Medicine	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	suspected saline implant rupture; This is a request for Breast MRI.; This study is being ordered for a suspected implant rupture.; No, this study is not being ordered to evaluate a suspected silicone implant rupture.	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).	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 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).	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'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	< 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.	2
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	Diabetic patient with hypertension, chest pain, shortness of breathe and abnormal ECG; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of 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	EKG showed RSR with NS NT changes and RAD, patient has a personal history of transient cerebral ischemia, strong family history of heart disease, stenosis found on carotid artery doppler; This study is being ordered for Vascular Disease.; around 8/8/2016; There has been treatment or conservative therapy.; chest pain, precordial pain, dizziness, numbness and tingling, visual changes; EKG, Echocardiogram, carotid artery doppler	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	family history of coronary arteries; 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	he is diabetic with hypertension,obesity ,with left side chest pain, left arm pain unrelated to exertion could be coronary artery stenosis or unstable angina; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Hx breast cancer, pain in center of chest; 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	PT UNABLE TO DO TRADITIONAL EXERCISE STRESS TEST DUE TO CHRONIC LOW BACK/LEG 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
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.; It is not known if the member has known or suspected coronary artery disease.	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is not know	1

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; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has an enlarged heart; The patient's enlarged heart is not due to any of the listed indications	1
Interventional Radiologists	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST		Complains of neck pain and "feels like a stick is in my neck" describes as aggravating and uncomfortable.; This study is being ordered for a neurological disorder.; 03/01/16; There has been treatment or conservative therapy.; Neck pain; Medrol dose pack	1
Interventional Radiologists	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST		Complains of neck pain and "feels like a stick is in my neck" describes as aggravating and uncomfortable.; This study is being ordered for a neurological disorder.; 03/01/16; There has been treatment or conservative therapy.; Neck pain; Medrol dose pack	1
Interventional Radiologists	Approval	70544 Mr angiography head w/o dye		follow up to surgery from 04/2016; This study is being ordered for a neurological disorder.; 04/05/16; There has been treatment or conservative therapy.; Stroke, intracranial stenosis; Intracranial stent Cerebral arteriogram 4 vessel	1

Interventional Radiologists	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	follow up to surgery from 04/2016; This study is being ordered for a neurological disorder.; 04/05/16; There has been treatment or conservative therapy.; Stroke, intracranial stenosis; Intracranial stent; Cerebral arteriogram 4 vessel	1
Interventional Radiologists	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1
Interventional Radiologists	Approval	72196 MRI PELVIS	Evaluation prior to pain management injections; make sure there is no abscess or anything; This is a request for a Pelvis MRI.; No, this is not a preoperative study.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1
Interventional Radiologists	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	1
Nephrology	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
Nephrology	Approval	70544 Mr angiography head w/o dye	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1

Nephrology	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
Nephrology	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.; 12/2015; There has not been any treatment or conservative therapy.; ear abnormality	1
Nephrology	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
Nephrology	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.; PT HAS DECREASED ROM IN UPPER EXT.; It is not known if there has been any treatment or conservative therapy.;	1

Nephrology	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.; 7/14/2016; There has not been any treatment or conservative therapy.; back pain -numbness, wedge compression (found on CT scan ab/pel recommended to do MRI by radiologist	1
Nephrology	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
Nephrology	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.; 7/14/2016; There has not been any treatment or conservative therapy.; back pain -numbness, wedge compression (found on CT scan ab/pel recommended to do MRI by radiologist	1
Nephrology	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

Nephrology	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
Nephrology	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
Nephrology	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.; 7/17/2016; There has not been any treatment or conservative therapy.; hematuria, flank pain	1
Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	The Pt has chronic kidney disease renal ultrasound, 06/08/2016 Pt has 2.8 centimeter left lowr mass. Pt has seveal renal cysts.; 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

Nephrology	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	1
Nephrology	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
Nephrology	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
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; Ongoing abdominal pain on/off for a few months and worsening diarrhea	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; She has abdomen swelling, trying to find out where it is coming from	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	4
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	1
Nephrology	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

Nephrology	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.; 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.; recommended follow up from CT scan 10/2015 because of a renal mass.	1
Nephrology	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

Nephrology	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
Nephrology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt has 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
Nephrology	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D 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
Nephrology	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.; 12/2015; There has not been any treatment or conservative therapy.; ear abnormality	1

Nephrology	Disapproval	70547 Mr angiography neck w/o dye	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/2015; There has not been any treatment or conservative therapy.; ear abnormality	1
Nephrology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	passing out; A Chest/Thorax 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
Nephrology	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	neck pain, bilateral numbness down extremities, figured they would start with CT instead of MRI; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Nephrology	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/17/2016; There has not been any treatment or conservative therapy.; hematuria, flank pain	1
Nephrology	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.; 7/17/2016; There has not been any treatment or conservative therapy.; hematuria, flank pain	1

Nephrology	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 DECREASED ROM IN UPPER EXT.; It is not known if there has been any treatment or conservative therapy.;	2
Nephrology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>	1
Neurological Surgery	Approval	0042T Ct perfusion w/contrast, cbf		This is a request for Cerebral Perfusion CT.	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 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		; 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;	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; January 2015; There has been treatment or conservative therapy.; Unknown; Incise skull (press relief) 05/2015	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.;	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	; This study is being ordered for trauma or injury.; 05/28/16; There has been treatment or conservative therapy.; Continued headaches s/p MVA. Was treated by Dr. Knox 20 years ago for lumbar issues. Denies arm/leg pain or numbness/tingling. Headaches started a few days after the MVA. Did have raised area on Right occipital region but that has improved.; Physical therapy	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	Chiari syndrome, status post suboccipital decompression, cerebellar tonsil resection and occipitoplasty, with re-exploration, occipital plate removal and subsequent wound-plasty; 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	Follow up ct scan with and without contrast of subdural empyema post right frontotemporoparietal craniotomy for removal of subdural empyema on 3/30/16 and completion of antibiotic treatment. .; 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; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	Hospital follow up. Need CT brain for follow up of traumatic subdural hematoma after fall while on Plavix. Need to rule out new bleed, resolution of bleed, and whether Plavix can be restarted.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	Patient suffered from a subdural hematoma, following up on this.; 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

Neurological Surgery	Approval	70450 CT BRAIN, HEAD	Patient with a subarachnoid hemorrhage needs a follow up CT of the brain to make sure it has healed; 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
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.	3
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 one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1

Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for 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.; 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.	6
Neurological Surgery	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
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.	7
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.	21

Neurological Surgery	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
Neurological Surgery	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	To determine what is causing her symptoms to worsen; This study is being ordered for trauma or injury.; The week of July 17-23(exact date unknown); There has been treatment or conservative therapy.; Recurring headaches, tenderness behind ear, and vertigo; Hospitalization: exact treatment given in hospital unknown   Drug therapy: OTC medications (Advil)	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.	1
Neurological 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.; Unknown; There has not been any treatment or conservative therapy.; tingling,	1
Neurological Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; ;	2
Neurological Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	intracranial posterior circulation insufficiency; This study is being ordered for Vascular Disease.; June 2016; There has been treatment or conservative therapy.; headaches dizziness blurry vision, neck pain poor balance; PT for vertigo meclizine 25mg prednisone 10mg hydrocodone 5/325	1

Neurological Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	To determine what is causing her symptoms to worsen; This study is being ordered for trauma or injury.; The week of July 17-23(exact date unknown); There has been treatment or conservative therapy.; Recurring headaches, tenderness behind ear, and vertigo; Hospitalization: exact treatment given in hospital unknown   Drug therapy: OTC medications (Advil)	1
Neurological Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the brain.	26
Neurological Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;	2
Neurological Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	intracranial posterior circulation insufficiency; This study is being ordered for Vascular Disease.; June 2016; There has been treatment or conservative therapy.; headaches dizziness blurry vision, neck pain poor balance; PT for vertigo meclizine 25mg prednisone 10mg hydrocodone 5/325	1
Neurological Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the Neck.	5
Neurological Surgery	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	1

Neurological Surgery	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
Neurological Surgery	Approval	70544 Mr angiography head w/o dye	3 MM ANTERIOR COMMUNICATION ARTERY ANEURYSM, THREE WEEK HISTORY OF HEADACHES/WEAKNESS, RIGHT OCCIPITAL LOBE HEMATOMA; 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	70544 Mr angiography head w/o dye	Brian tumor was removed wanted to see if the tumor is trying to grow back started to have headaches.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Neurological Surgery	Approval	70544 Mr angiography head w/o dye	CONTINUED ANNUAL EVALUATION; This study is being ordered for Congenital Anomaly.; 12/28/2013; There has not been any treatment or conservative therapy.; HISTORY OF MULTIPLE CONGENITAL HEART ANOMALIES AS WELL AS OBSTRUCTION OF HE INTRACRANIAL VENOUS RETURN WITH OCCLUDED NECK VEINS, VENTRICULOMEGALY AND EXTRA-AXIAL COLLECTION.   ANNUAL FOLLOW UP	1
Neurological Surgery	Approval	70544 Mr angiography head w/o dye	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	2

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
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 1/2015; There has been treatment or conservative therapy.; headaches, psychogenic seizures, nausea, loss of consciousness; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >;	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 neurological disorder.; 3months prior; There has been treatment or conservative therapy.; seizures (generalized convulsion with loss of memory during the episodes) , numbness, drawing left arm and leg, left sided weakness, burning;; steroids, kepra procedures	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.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This 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).	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.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	2
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	2
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.	2
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.;	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	3

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 05/05/16; It is not known if there has been any treatment or conservative therapy.; dizziness, weakness, syncope, collapse	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 10 year history and symptoms have been gradually progressive in nature; There has been treatment or conservative therapy.; left upper extremity radiculopathy with tremor. Numbness with loss of dexterity; Topamax, anti- inflammatory medications, Tens unit, therapeutic injections	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Six months.; It is not known if there has been any treatment or conservative therapy.; Reported by patient.  Duration: 6 months  Frequency Constantly  Severity: Average pain level over the last week 0/10  Location: Neck Both  Quality: Numb  Timing: Abrupt onset  Context/Mechanism: Cannot identify  Aggravating Factors: Cannot identif	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Years duration but first seen in our office 2/16/16.; There has been treatment or conservative therapy.; ; She is a chiari patient.	1

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for Congenital Anomaly.; 12/19/2014; There has been treatment or conservative therapy.; S/P LP shunt on 7/15/2015 vwith pain along tract. Headaches are gone. Did have CT abd and chest which shows what are thought to be bening nodules. No wound drainage. No fever . ESR, CRP still up. In addition to her recent LP shunt, she has also had 4 brai; S/P cranioplasty. Some night fevers?, WOUND flat and intact. CRP was up initially but is 1.9 now from 10.0. ESR 41. No obvious infection. Shuint at 1.5 Wound C/D/I	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for Congenital Anomaly.; The patient stated symptoms have been going on for years.; It is not known if there has been any treatment or conservative therapy.; Migraine type headaches, lightheadedness, visual floaters, tingling in hands.	1
Neurological Surgery	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.; January 2015; There has been treatment or conservative therapy.; Unknown; Incise skull (press relief) 05/2015	1

Neurological Surgery	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.; Patient's mother states years.; It is not known if there has been any treatment or conservative therapy.; Reported by patient.  Duration: years  Frequency Frequently  Severity: Average pain level over the last week 4-5/10  Quality: Throbbing (head); Tingling (legs)  Timing: Abrupt onset  Context/Mechanism: Cannot identify  Aggravating Factors: coughing	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; 05/28/16; There has been treatment or conservative therapy.; Continued headaches s/p MVA. Was treated by Dr. Knox 20 years ago for lumbar issues. Denies arm/leg pain or numbness/tingling. Headaches started a few days after the MVA. Did have raised area on Right occipital region but that has improved.; Physical therapy	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	3 MM ANTERIOR COMMUNICATION ARTERY ANEURYSM, THREE WEEK HISTORY OF HEADACHES/WEAKNESS, RIGHT OCCIPITAL LOBE HEMATOMA; 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	ANNUAL FOLLOW UP IN MEMBER WITH HISTORY OF SUPRACEREBELLA ARACHNOID CYST.; 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	ANNUAL FOLLOW UP; This study is being ordered for a neurological disorder.; 2002; There has been treatment or conservative therapy.; ANNUAL FOLLOW UP; ANTERIOR CRANIAL VAULT REMODELING FOR POSSIBLE METOPIC CRANIOSYNOSTOSIS, 3 CHIARI DECOMPRESSIONS	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	BMC-M Suboccipital craniotomy and craniectomy with excision of tumor with Stryker Nav (will need MRI Brain with and without and with fiducial placement before); This 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	Cancer metastatic brain tumor.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Chiari syndrome, status post suboccipital decompression, cerebellar tonsil resection and occipitoplasty, with re-exploration, occipital plate removal and subsequent wound-plasty; This 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	CONTINUED ANNUAL EVALUATION; This study is being ordered for Congenital Anomaly.; 12/28/2013; There has not been any treatment or conservative therapy.; HISTORY OF MULTIPLE CONGENITAL HEART ANOMALIES AS WELL AS OBSTRUCTION OF HE INTRACRANIAL VENOUS RETURN WITH OCCLUDED NECK VEINS, VENTRICULOMEGALY AND EXTRA-AXIAL COLLECTION.   ANNUAL FOLLOW UP	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	CONTINUED FOLLOW UP; This study is being ordered for a neurological disorder.; 2012; There has not been any treatment or conservative therapy.; HEADACHES	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	CONTINUED FOLLOW UP; This study is being ordered for Congenital Anomaly.; 10/16/2013; There has not been any treatment or conservative therapy.; MULTIPLE CONGENIAL ABNORMALITIES	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	CT DONE CONCERNING FOR CHIARI MALFORMATION; This study is being ordered for a neurological disorder.; 4/19/2016; There has been treatment or conservative therapy.; DIFFICULTY WITH WRITING LANGUAGE, SPEECH DELAY, HEADACHES, CT DONE CONCERNING FOR CHIARI MALFORMATION; SPEECH THERAPY	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	diplopia, unilateral headaches; This study is being ordered for a neurological disorder.; December 2015; There has been treatment or conservative therapy.; For just the last year and a half she said right sided headaches. They are never on the left side. Most of the time a headaches start in the neck region and radiate to the right side of her head including the face. Occasionally there is some photophobia; SHe was taking Excedrin migraine for the problem but it causes a GI bleed.	1

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Evaluation for meningioma.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	Follow up MRI of a patient with history of very rapid tumor growth after a resection. Checking for both regrowth and source of it; This 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	Follow up of a patient with history of cerebellar tumor. Last MRI was over a year ago. Patient has 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.; 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 of patient with a meningioma. Dizziness; 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 is experiencing dizziness.	1

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	hydrocephalies.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	I would like to get a MRI of C-spine to r/o radiculopathy. A MRI of brain w/o contrast due to headaches and other neurological 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.; Neck pain: November 2015; Headaches: date of onset not stated by pt; There has been treatment or conservative therapy.; There is radiation of pain to the left upper arm, left elbow, left forearm, left wrist, left hand and all fingers. The patient describes the pain as aching, sharp, shooting and tingling. Associated symptoms include joint pain, muscle spasm, numbness, te; Pt was asked to see Dr. Derek Buck to receive an epidural steroid injection (ESI), but has not done so.; Pt had PT for the neck pain, but has not had any relief.	1

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

Neurological Surgery

Approval

70551 MRI HEAD,
BRAIN, BRAINSTEM
WITHOUT CONTRAST

MRI cervical and thoracic spine do not show any compressive lesion to explain his myelopathy. MRI lumbar show stable findings, no tumor seen. Will complete workup with MRI brain w/wo. If this is negative will refer to neurology for further evaluation of m; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	Need MRI brain with fiesta sequencing for surgical planning for trigeminal neuralgia. Trigeminal neuralgia unresponsive to conservative treatment. Medication management has included trileptal and gabapentin.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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	No information given (see previous answers to questions); This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Low back pain: May 2016 (exact day not given); Facial pain: suddenly (exact date not given); There has been treatment or conservative therapy.; Low back pain: ache, burning, deep, shooting, stabbing, and throbbing pain. The pain radiates down to the right buttock and posterior thigh/calf. Symptoms are aggravated by changing positions, daily activities, standing, and walking. Symptoms are relieved; ESI, PT, medication therapy	1

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	One year s/p SOD . Current studies show excellent postoperative result. Excellent CSF flow, excellent 3D reconstructions. CT. Some headaches recently with weather changes but otherwise doing well. Persistent numbness in right 2 - 4 digits. Cervical spine MRI with minimal disc disease; This study is being ordered for a neurological disorder.; 2 years; There has been treatment or conservative therapy.; Known to me s/p SOD 9/15. Has done OK but complains of mid thoracic spine pain and PCP did xrays demonstrating possible compression fracture, DDD (which runs in family). She complains of neck/ suboccipital pain at times and has had runny eyes similar to preop. General; 9/17/2014 - Chiari syndrome	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has a history of Breast Cancer metastasized to multiple sites of the body and spine. Imaging would give more information to tell if cancer has spread to the brain.; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has a right frontal lobe tumor found on imaging in April. Following-up on tumor to monitor growth.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; 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
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient is having vertigo to the point he is falling; This study is being ordered for a neurological disorder.; One year ago symptoms started as mild, now they have progressively worsened; There has not been any treatment or conservative therapy.; vertigo, right leg numbness, neck pain, radicular pain bilaterally, arm and hand numbness and tingling.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient suffered a subarachnoid hemorrhage from trauma. He needs to follow up in clinic in one month with a new MRI to evaluate hemorrhage.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; It is not known if there are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head was between 24 hours and 1 week ago.	1

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient with constant pain and tenderness in left occipital area; This 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	Physical Exam    Patient is a 47-year-old female.    Wound C/D/I, Neuro - intact    Assessment / Plan    6 months with studies   HPI     PM&R Spine   Reported by patient.  Duration: 5 years  Severity: Average pain level over 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.; chiari sx 8/19/2015; There has been treatment or conservative therapy.; Weakness, dizziness, visual changes, headaches.; 6 mo S/P Chiari decompression redo.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	possible Chari Malformation; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Possible myasthenia gravis. 1. Assessment; Diplopia (H53.2); Impression; I do not have an explanation for her diplopia. Does have some migraines and perhaps is related to migraine phenomenon. I cannot completely rule out possibility of myasthenia ; This study is being ordered for a neurological disorder.; 07/12/2016; There has not been any treatment or conservative therapy.; double vision, migraine headaches	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Post op for surgery, brain patient, Arnold chairi syndrome, surgery on 9/16/2015. Follow up scan.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; 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	Post operative MRI. Patient had a pituitary macroadenoma, resected on 6-15-2006. MRI being done to evaluate post operative 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	Pt with known brain mass being followed with MRIs currently not having any symptoms but coming for 2 year follow up; 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	pt with LP shunt for pseudotumor cerebri. pt also has chiari malformation. having episode of unresponsive, confusion and fatigue.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; 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
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt with syringomyelia in cervical spine. dr burson wants MRI brain, thoracic, and lumbar spine to determine why patient has syringomyelia; This study is 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; It is not known if there has been any treatment or conservative therapy.; pt with posterior headaches, numbness/tingling in hands.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt with Von Hippel Lindau Disease with multiple brain and spine lesions; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	See the attached clinicals; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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	Seizure (R56.9). for unclear reasons her seizures have worsened. Perhaps due to poor sleep. I have some concern based on the description of the seizures and the triggers that these may in fact be nonepileptic seizures. I will obtain an EEG and begin a; 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

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The patient is a 60 year old, right handed male, with residual/ recurrent RT falcine meningioma that was resected in November 2013. Final path WHO grade II, atypical meningioma, Ki67 8.4% He requires continued imaging surveillance every 6 months.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a 6 month follow-up on T2bright signal in the left caudate region.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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 is a repeat brain MRI w/ and w/o contrast one year follow-up for a known brain cyst  -looking for any changes in the size of the brain cyst; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is for a one year check on the stability of left frontal meningioma.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; 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
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.	2
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; 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 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.	4

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.	2
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.	9
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 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
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 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
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.; This headache is not described as sudden, severe or chronic recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1
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.; 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
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 did not have a normal audiogram.; The patient is experiencing hearing loss.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The 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 being considered or a non-metalic shunt is not functioning correctly.; The patient has a congenital abnormality.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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.	7

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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 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
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	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.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	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.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	55

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 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; 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
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.	19

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.	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.; This study is being ordered for a tumor.	9
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 seizures.; There has been a change in seizure pattern or a new seizure.	1
Neurological Surgery	Approval	71250 CT CHEST, THORAX	chest mass, 2.5cm abnormal lobular lesion found on chest xray.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Neurological Surgery	Approval	71250 CT CHEST, THORAX	MRI Thoracic spine shows lymphadenopathy. CT chest pelvis abdomen recommended.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being 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	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

Neurological Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	neurologist suggested she have one to eval numbness in left arm; 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
Neurological Surgery	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
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 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
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 being ordered for a neurological disorder.; 06/5/2015; There has been treatment or conservative therapy.; Arm weak ness , numbness , leg pain tingling numbness, down right leg; Py , medication , steroids	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 being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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	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.	5
Neurological Surgery	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 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 a neurological disorder.; ; There has been treatment or conservative therapy.;;	2
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.;;	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; 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	C1 fracture, c/o neck pain, f/u to trauma. Pt has had CT before so MDO is requesting another one for a 6 week f/u; 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	Cervical stenosis and radiculopathy.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has not been any treatment or conservative therapy.; Right neck pain that extends to the shoulder	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Concerned about pseudoarthrosis.; This study is being ordered for trauma or injury.; April 2014; There has been treatment or conservative therapy.; Arm pain, weakness, and neck pain. He has progressive headaches and dizziness.; Pain Management and Physical Therapy	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Ct to evaluate bony elements before surgery.; 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	DUE TO PATIENT HAVING CERVICAL FUSION IN 2012 AND MOST RECENT MRI STATED PATIENT NEEDED MYELOGRAM W/CT.   PATIENT HAD A MOTOR VEHICLE AND HAS FALLEN WHICH HAS INCREASED PATIENTS LOW BACK PAIN. REQUESTING MYELOGRAM W/ CT FOR EVALUATION.; This study is being ordered for a neurological disorder.; 2-1-16; There has been treatment or conservative therapy.; HAVING NECK PAIN WITH RIGHT SHOULDER AND SCAPULA PAIN. PAIN RADIATES DOWN RIGHT ARM TO HAND WITH NUMBNESS AND BURNING PARESTHESIS IN RIGHT UPPER EXTREMITY. OFF BALANCE AND UNSTEADY. PATIENT HAS HAD A CERVICAL FUSION IN 2012.  HAVING LOW BACK PAIN THA; PHYSICAL THERAPY	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Enter answer here - or Type She has signifigant left posterolateral neck pain. Cervicalgia that affects the mid to lower neck with tenderness to palpitation of the left C 5-6 and C6-7 facet joints. .; 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	On September 22, 2015 this pt started having neck pain due to a pt in her place of employment picking her up and slamming her down onto concrete floor. The pain is constant. She has tried other therapies for relief. She also has numbness and tingling i; 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	REQUEST FOR POST MYELOGRAM IN CERVICAL AND LUMBAR.; This study is being ordered for a neurological disorder.; 7/1/16; There has not been any treatment or conservative therapy.; NECK PAIN THAT RADIATES TO THE BILATERAL SCAPULA WITH BURNING PAIN. NUMBNESS AND TINGLING IN BOTH HANDS INVOLVING IN ALL DIGITS.;  LOW BACK PAIN WITH LEG PAIN. PATIENT HAS A HAD A LUMBAR FUSION IN 2013.	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis,  Bowel or bladder dysfunction, Evidence of new foot drop, etc...	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.	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 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.	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 Lower extremity weakness.	2
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.	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This is for 6 week check on the healing of cervical fractures.; 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 is for a 4 week check on cervical fracture and cervical fusion; 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; 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.	7
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.	2

Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to 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
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 suspected tumor with or without metastasis.; There is evidence of tumor or metastasis on a bone scan or x-ray.; There is a reason why the patient cannot have a Cervical Spine MRI.	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	22
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	unknown; This study is being ordered for a neurological disorder.; 06/30/2016; There has been treatment or conservative therapy.; Neck and back pain, arm and leg pain, weakness of all extremities; Medications and home exercises	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; There is no 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.; ; There has been treatment or conservative therapy.;	3
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	; This study is being ordered for trauma or injury.; ; 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	broken back; severe pain; numbness in arms and legs; difficulty walking, sitting bending and sleeping; tried some conservative therapy with minimal results; weakness in the arms and legs; 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	Patient has a T10 fracture and this is for a 6 week check.; 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	Patient has balance issues and muscle weakness. She also has signs of multiple sclerotic metastasis throughout the spine. She has no imaging without contrast that would have better diagnostic information.; 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
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Patient has T9 fracture. This is a 3 month followup to see how the fracture is healing.; 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

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.	2
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 lower extremity weakness.	1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	This is a f/u to the T12 fx; 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	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	This is a request for a thoracic spine CT.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; There is a reason why the patient cannot undergo a thoracic spine MRI.; There are no documented clinical findings of immune system suppression or AIDS.; The patient is not experiencing thoracic back pain associated with chest pain.	1

Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	This is a request for a thoracic spine CT.; The study is being ordered due to Neurological deficits.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.	1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	This is a request for a thoracic spine CT.; The study is being ordered due to pre-operative evaluation.; There is a reason why the patient cannot undergo a thoracic spine MRI.; There is no known condition of tumor, infection, or neurological deficits.	1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	unknown; This study is being ordered for a neurological disorder.; 06/30/2016; There has been treatment or conservative therapy.; Neck and back pain, arm and leg pain, weakness of all extremiies; Medications and home exercises	1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK		1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 06/5/2015; There has been treatment or conservative therapy.; Arm weak ness , numbness , leg pain tingling numbness, down right leg; Py , medication , steroids	1

Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < 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	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 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.; ; 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 trauma or injury.; ; There has been treatment or conservative therapy.; ;	1

Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	DUE TO PATIENT HAVING CERVICAL FUSION IN 2012 AND MOST RECENT MRI STATED PATIENT NEEDED MYELOGRAM W/CT.   PATIENT HAD A MOTOR VEHICLE AND HAS FALLEN WHICH HAS INCREASED PATIENTS LOW BACK PAIN. REQUESTING MYELOGRAM W/ CT FOR EVALUATION.; This study is being ordered for a neurological disorder.; 2-1-16; There has been treatment or conservative therapy.; HAVING NECK PAIN WITH RIGHT SHOULDER AND SCAPULA PAIN. PAIN RADIATES DOWN RIGHT ARM TO HAND WITH NUMBNESS AND BURNING PARESTHESIS IN RIGHT UPPER EXTREMITY. OFF BALANCE AND UNSTEADY. PATIENT HAS HAD A CERVICAL FUSION IN 2012.  HAVING LOW BACK PAIN THA; PHYSICAL THERAPY	1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	Hardware malfunction in lumbar spine, cervical radiculopathy; This study is being ordered for a neurological disorder.; 02/04/2015; There has been treatment or conservative therapy.; Broken screw from lumbar surgery with pain, cervical pain; Lumbar surgery, injections and physical therapy	1

Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	Pt had an L5-S1 Transforaminal Lumbar Interbody Fusion with Instrumentation (TLIF) on 03/28/16. Since the operation, her low back pain has not gotten any better. Her bilateral hip pain hasn't gotten any better either. For these reasons, a CT of the lumb; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/12/2016; There has been treatment or conservative therapy.; Bilateral hip pain, low back pain, and joint pain.; ESI, physical therapy, bone stimulator, SI joint injection, SI joint blocks.	1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	REQUEST FOR POST MYELOGRAM IN CERVICAL AND LUMBAR.; This study is being ordered for a neurological disorder.; 7/1/16; There has not been any treatment or conservative therapy.; NECK PAIN THAT RADIATES TO THE BILATERAL SCAPULA WITH BURNING PAIN. NUMBNESS AND TINGLING IN BOTH HANDS INVOLVING IN ALL DIGITS.;  LOW BACK PAIN WITH LEG PAIN. PATIENT HAS A HAD A LUMBAR FUSION IN 2013.	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.	44
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.	8

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.	2
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.	18
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.	36
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	unknown; This study is being ordered for a neurological disorder.; 06/30/2016; There has been treatment or conservative therapy.; Neck and back pain, arm and leg pain, weakness of all extremiies; Medications and home exercises	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		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; Pre-Operative Evaluation; Surgery is not scheduled within the next 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 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
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 neurological disorder.; 07/07/2016; There has been treatment or conservative therapy.; right upper and right lower extremity pain with numbness and tingling; PT and steroid injections	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 neurological disorder.; 1/2015; There has been treatment or conservative therapy.; headaches, psychogenic seizures, nausea, loss of consciousness; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >	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 neurological disorder.; 3months prior; There has been treatment or conservative therapy.; seizures (generalized convulsion with loss of memory during the episodes) , numbness, drawing left arm and leg, left sided weakness, burning;; steroids, keppra procedures	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 neurological disorder.; 8/1/14; It is not known if there has been any treatment or conservative therapy.; headaches, tingling in arms and legs, photophobia, weakness in arms and legs, bowel and bladder changes, short term memory loss	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 neurological disorder.; June 11 2013; There has been treatment or conservative therapy.; back and neck pain. bilateral arm pain. left worse then right. leg pain. numbness and tingling of his extremities.; anit inflammatories, muscle relaxers, pain meds. Celebrex. Had 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.; < 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	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.; Lower extremity weakness; Lower back pain; Greater on the left side; Past cervical fission and pain management; PT; Anti-inflammatory	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.; 07/20/2016; There has been treatment or conservative therapy.; back pain; Medication , injections	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.; 10/24/2012; There has been treatment or conservative therapy.; neck pain bilateral both arms radiating to hands, lower back pain radiating to bilateral feet.; patient has p/t, injections, medications.	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.; Donald R Smith is an 53 y.o. year old male that presents with neck pain and right arm pain .It was caused by a fall in October of last year, he had surgery by Dr Hoyt in November. . The treatments that have been tried are : physical therapy has not really; The patient does 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 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	; 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.;	1
Neurological Surgery	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.;;	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.; Six months.; It is not known if there has been any treatment or conservative therapy.; Reported by patient.  Duration: 6 months  Frequency Constantly  Severity: Average pain level over the last week 0/10  Location: Neck Both  Quality: Numb  Timing: Abrupt onset  Context/Mechanism: Cannot identify  Aggravating Factors: Cannot identif	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Years duration but first seen in our office 2/16/16.; There has been treatment or conservative therapy.; ; She is a chiari patient.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for Congenital Anomaly.; The patient stated symptoms have been going on for years.; It is not known if there has been any treatment or conservative therapy.; Migraine type headaches, lightheadedness, visual floaters, tingling in hands.	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.; ; 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 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.; 10/06/2014; There has not been any treatment or conservative therapy.; CHIARI I MALFORMATION, HEADACHES, PSEUDOTUMOR CEREBRI, PAPILLEDEMA	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.; 11/19/2012; There has been treatment or conservative therapy.; Patient has persistent neck and back pain.; Duration: 5 years ; Frequency Frequently ; Location: Low back Midline; Mid-back Both; Neck Both; Leg(s) Right ; Quality: Dull; Aching; Tingling; Numb ; Timing: Cannot identify ; Context/Mechanism: work injury ; Aggravating Factors: sitting; standing; walk	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.; January 2015; There has been treatment or conservative therapy.; Unknown; Incise skull (press relief) 05/2015	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.; Patient's mother states years.; It is not known if there has been any treatment or conservative therapy.; Reported by patient.  Duration: years  Frequency Frequently  Severity: Average pain level over the last week 4-5/10  Quality: Throbbing (head); Tingling (legs)  Timing: Abrupt onset  Context/Mechanism: Cannot identify  Aggravating Factors: coughing	1
Neurological Surgery	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
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	5/17/16 pt had cervical fusion surgery; This study is being ordered for a neurological disorder.; 6/2016; There has been treatment or conservative therapy.; Chronic axel neck/back pain Finger numbness; PT Medrol dose pk Norco Neurontin Zanaflex	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	59 yr old right handed female here for neck pain and right arm weakness for several years. Status post cervical fusion x 2 in 2000-2002. In 1985, she slipped on ice and hit neck on step and had problems ever since. 2nd surgeon told her he found a tumor ar; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Since early 2008; There has been treatment or conservative therapy.; Cont w neck pain that radiates to the right shoulder area. Right arm pain and weakness. Notices the ant muscles in the neck sore. Daily headaches. Notices clicks when turning head.; Oxycodone 10 mg Flexeril 10 Mg Gabapentin 300 MG Cymbalta	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	ANNUAL FOLLOW UP FOR CARE; This study is being ordered for Congenital Anomaly.; 06/08/2008; There has been treatment or conservative therapy.; TETHERED CORD; POSTERIOR SPINAL HAMATE ARTHRODESIS	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	ANNUAL FOLLOW UP; This study is being ordered for a neurological disorder.; 2002; There has been treatment or conservative therapy.; ANNUAL FOLLOW UP; ANTERIOR CRANIAL VAULT REMODELING FOR POSSIBLE METOPIC CRANIOSYNOSTOSIS, 3 CHIARI DECOMPRESSIONS	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Cervical stenosis and radiculopathy.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has not been any treatment or conservative therapy.; Right neck pain that extends to the shoulder	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Compression fractures of thoracic spine and right arm pain.; This study is being ordered for trauma or injury.; July 7th, 2016; There has been treatment or conservative therapy.; Severe right arm pain going into hand. Also increasing pain in upper thoracic spine; Patient had an ACDF at C5C6 on July 7th. She has also had bed rest.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	CONTINUED FOLLOW UP EVALUATION OF ANY NEW SPINAL ARACHNOID CYST; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/18/2014; There has been treatment or conservative therapy.; LEG WEAKNESS, BACK PAIN; T1-T5 LAMINECTOMY WITH SUBSEQUENT RECONSTRUCTION/LAMINOPLASTY FOR FENESTRATION OF INTRADURAL THORACIC ARACHNOID CYST WITH MICROSURGICAL DISSECTION.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	CONTINUED FOLLOW UP; This study is being ordered for a neurological disorder.; 2012; There has not been any treatment or conservative therapy.; HEADACHES	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	CONTINUED FOLLOW UP; This study is being ordered for Congenital Anomaly.; 10/16/2013; There has not been any treatment or conservative therapy.; MULTIPLE CONGENIAL ABNORMALITIES	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	CONTINUED FOLLOW UP; This study is being ordered for Congenital Anomaly.; 11/22/2011; There has been treatment or conservative therapy.; BOWEL AND BLADDER ISSUES, NO MOVEMENT IN LOWER EXTREMITIES; T7-T10 LAMINECTOMIES WITH RESECTION OF DERMAL SINUS TRACT AND SKIN TAG, UNTETHERING OF THE SPINAL CORD AND REPAIR OF MENINGOCELE AT T8-T10 LEVEL	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	CONTINUED FOLLOW; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/27/2016; There has not been any treatment or conservative therapy.; FATTY FILUM TERMINALE, CONSTIPATION ISSUES, BLADDER ACCIDENTS, BACK PAIN	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	diffuse numbness, weakness, ataxia, and bowel and bladder symptoms; This study is being ordered for a neurological disorder.; 06/01/2016; There has been treatment or conservative therapy.; diffuse numbness, weakness, ataxia, and bowel and bladder symptoms; anti-inflammatory medications and Neurontin	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Had an mri of the brain, showed a malignant tumor. Likely malignant. He is having pain and they are trying to rule out spread of cancer in these regions. Also headaches, neck and back pain.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Hardware malfunction in lumbar spine, cervical radiculopathy; This study is being ordered for a neurological disorder.; 02/04/2015; There has been treatment or conservative therapy.; Broken screw from lumbar surgery with pain, cervical pain; Lumbar surgery, injections and physical therapy	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	I would like to get a MRI of C-spine to r/o radiculopathy. A MRI of brain w/o contrast due to headaches and other neurological 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.; Neck pain: November 2015; Headaches: date of onset not stated by pt; There has been treatment or conservative therapy.; There is radiation of pain to the left upper arm, left elbow, left forearm, left wrist, left hand and all fingers. The patient describes the pain as aching, sharp, shooting and tingling. Associated symptoms include joint pain, muscle spasm, numbness, te; Pt was asked to see Dr. Derek Buck to receive an epidural steroid injection (ESI), but has not done so. Pt had PT for the neck pain, but has not had any relief.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.;	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Patient is a 49-year-old right-handed Caucasian female with several year history of headaches neck pain and upper back pain he shouldn't states that approximately 20 years ago she was involved in a significant car accident and since then has been sufferin; 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.</p>	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Patient is having vertigo to the point he is falling; This study is being ordered for a neurological disorder.; One year ago symptoms started as mild, now they have progressively worsened; There has not been any treatment or conservative therapy.; vertigo, right leg numbness, neck pain, radicular pain bilaterally, arm and hand numbness and tingling.</p>	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient with unrelieved neck pain with radiation into extremities and numbness. Conservative therapy includes physical therapy, hydrocodone-acetaminophen, meloxicam, soma.; 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: Deltoid right 4/5, biceps right 4/5, triceps right 4/5 wrist extensor right 4/5, wrist flexor 4/5, hand flexor digitorum profundus right 4/5, left 4/5; Reflexes: biceps right/left 0, reflexes triceps 0, brachioradialis 0 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
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Physical Exam; Patient is a 47-year-old female. Wound C/D/I, Neuro - intact; Assessment / Plan; 6 months with studies; HPI; PM&R Spine; Reported by patient. Duration: 5 years; Severity: Average pain level over 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.; chiari sx 8/19/2015; There has been treatment or conservative therapy.; Weakness, dizziness, visual changes, headaches.; 6 mo S/P Chiari decompression redo.	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	POST OPERATIVE FOLLOW UP; This study is being ordered for Congenital Anomaly.; 07/17/2012; There has been treatment or conservative therapy.; POST OPERATIVE FOLLOW UP; REPAIR OF DIASTEMATOMYELIA FROM T4 TO S4	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Pt with Von Hippel Lindau Disease with multiple brain and spine lesions; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	R/O herniated 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.; left arm weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; weakness bilateral; The patient does 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	Rule out recurring disc herniation/spinal stenosis. Patient is status post cervical fusion.; This study is being ordered for a neurological disorder.; 07/01/2016; There has been treatment or conservative therapy.; Neck and low back pain/ weakness in bilateral upper and lower extremities. Numbness and tingling in bilateral upper and lower extremities; Home exercise/Yoga/otc medications	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	studies needed prior to surgery; This study is being ordered for Congenital Anomaly.; at birth; There has been treatment or conservative therapy.; neck pain and mid-level back pain between shoulder blades left hand numbness dropping objects left hand weakness; MRI monitoring  pain meds	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.; 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; 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

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; 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
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.	4
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.; No, this patient did not have 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.; No, this patient did not have a recent course of supervised physical Therapy.	3
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient 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
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.	2

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 52 year old male presents with neck pain that radiates to his left arm. He complains of numbness and tingling in his left arm to his hand. He states that he has no strength in his left hand. He complains of daily headaches. He states that his symptom; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient complains of headaches, neck pain and pain with N/T in his left arm. He also reports that he has a hard time holding objects with his left hand. He says this started in 2012 but got worse after an MVA in 2014. He has some brisk left knee reflexes ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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	14
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 have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent cervical spine fracture.	2
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.	79
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.	2

Neurological Surgery	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
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
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Complains of neck pain that radiates into her arms, bilaterally. She also complains of hand numbness. She states the symptoms began in May of 2016. She has previously taken Tylenol 3 and cyclobenzaprine which provided mild relief.; 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; He complains of numbness and tingling in his neck and left leg through his foot. He also mentions low back pain. He states the pain began on 02/24/16 when he was rear-ended in a MVA. He is currently taking hydrocodone, diazepam and cyclobenzaprine which p; 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; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	37
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; pt with Arnold chiari malformation. we need MRI C spine to check for syringomyelia.; 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; Pt with pain in neck and lower back with prior MRI evidence of multiple syrinxes; 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.	13
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; The last Cervical Spine MRI was not performed within the past two weeks.	2
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	5

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.	16
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.	3
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Patient had surgery on 4/29/16 and this is a follow up	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; 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 states that she is having headaches, neck pain, and is frequently dropping things.	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	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There is laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; No, there are no documented clinical findings of Multiple sclerosis.	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; ; It is not known if the patient have new or changing neurological signs or symptoms.	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; ; No, the patient does not have new or changing neurological signs or symptoms.	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.	2
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	TO CHECK HARDWARE IN NECK AND TO EVALUATE FOR INJECTIONS OR SURGERY FOR LOW BACK.; This study is being ordered for trauma or injury.; 1-24-2015; There has been treatment or conservative therapy.; PATIENT HAS HAD A CERVICAL FUSION AND HAS HAD A MVA THAT HAS INCREASED HIS NECK AND LOW BACK PAIN WITH PAIN IN IN BILATERAL LEGS AND ARMS.; PATIENT HAS HAD A CERVICAL FUSION AND HAS HAD PHYSICAL THERAPY BEFORE AND AFTER SURGERY FOR HER CERVICAL AND LUMBAR.	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	TO EVALUATE FOR SURGERY OR STERIOD INJECTION; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; BILATERAL SHOULER PAIN WITH ARM WEAKNESS AND TINGLING. CONSTANT HEADACHES.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
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 no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	1
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.; extremity weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>We need to rule out a mass, lesion, herniation, or fracture in the cervical or thoracic spine that is causing compression or mass effects on spinal cord for acute onset of symptoms.; This study is being ordered for a neurological disorder.;</p> <p>Patient with chronic low back pain progressively worsening with extremity weakness. However on 6/30/2016 patient fell down and had loss of bowel control, numbness to bilateral lower extremities, unable to ambulate, and weakness.;</p> <p>There has been treatment or conservative therapy.;</p> <p>Neck pain, upper extremity weakness, lower extremity weakness, loss of bowel control, unable to ambulate, numbness to extremities, low back pain, leg pain;</p> <p>Patient was started on physical therapy, had two epidural steroids injections, treatment with gabapentin, NSAIDs.</p>	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>X ray in 8, prominent lateral spurring at 3/4 on the L, loss of lumbar lordosis, disc space changes noted into l1 and 2 level, anterior spurring c3/4/5/6 and 7, anterior spurring at c5/6, inferior slip at c7 and t1; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>1/11/2016; There has been treatment or conservative therapy.;</p> <p>Neck pain with radiculopathy, low back pain, weakness in the arm; PT, cervical and lumbar traction or inversion table, body mechanics, posture, HEP, pain worsening over last five weeks, neck pain radiates to L shoulder, arm tingling and numbing to fingertips, occasional R leg numbness, seeing chiropractor for low back,</p>	1

Neurological Surgery	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.; It is not known if the patient is experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; patient has gait disturbance / unclear ethology	1
Neurological Surgery	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."; 2 month followup for evaluation of T1 lesion	1
Neurological Surgery	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."; Pt with neck and lower back pain with prior MRI evidence of multiple syrinxes	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 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 >; home exercise and 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 a neurological disorder.; 8/1/14; It is not known if there has been any treatment or conservative therapy.; headaches, tingling in arms and legs, photophobia, weakness in arms and legs, bowel and bladder changes, short term memory loss	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 Inflammatory/ Infectious Disease.; 6/9/2016; It is not known if there has been any treatment or conservative therapy.; Swelling up to elbows. Pain in neck. Sensitive to cold.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; thoracic pain into bilateral legs, numbness, tingling in legs; PT, medications, injections	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.; 07/20/2016; There has been treatment or conservative therapy.; back pain; Medication , injections	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.; 5/25/2016; There has been treatment or conservative therapy.; severe back pain unable to sleep, sit or walk; modified activity, physical therapy and rehab	1

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/18/2015; There has been treatment or conservative therapy.; back pain radiating into right groin down into thigh and difficulty walking; physical therapy, pain management to include injections, oral steroids, pain medication, chiropractic treatment	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; 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.; Reflexes Right: biceps 2/4, triceps 2/4, brachial radialis 2/4, patellar 2/4, and achilles 2/4. Reflexes Left: biceps 2/4, triceps 2/4, brachial radialis 2/4, patellar 2/4, and achilles 2/4. Plantar Reflex Right: response downgoing. Plantar Reflex Left: r; There is recent evidence of a thoracic spine fracture.	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.; ; 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 been treatment or conservative therapy.; Other Back Pain;	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.;	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Six months.; It is not known if there has been any treatment or conservative therapy.; Reported by patient.  Duration: 6 months  Frequency Constantly  Severity: Average pain level over the last week 0/10  Location: Neck Both  Quality: Numb  Timing: Abrupt onset  Context/Mechanism: Cannot identify  Aggravating Factors: Cannot identif	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.; ; It is not known if there has been any 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.; 10/06/2014; There has not been any treatment or conservative therapy.; CHIARI I MALFORMATION, HEADACHES, PSEUDOTUMOR CEREBRI, PAPILLEDEMA	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.; Patient was diagnosed with Chiari malformation/syrinx in 2010.; It is not known if there has been any treatment or conservative therapy.; Headaches exacerbated by valsalva.	1
Neurological Surgery	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
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; 2 months ago, exact date unknown; There has been treatment or conservative therapy.; Sharp, shooting back pain in the lower right side that can radiate to the upper left side; Drug therapy and home health therapy	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	ANNUAL FOLLOW UP FOR CARE; This study is being ordered for Congenital Anomaly.; 06/08/2008; There has been treatment or conservative therapy.; TETHERED CORD; POSTERIOR SPINAL HAMATE ARTHRODESIS	1

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	ANNUAL FOLLOW UP; This study is being ordered for a neurological disorder.; 2002; There has been treatment or conservative therapy.; ANNUAL FOLLOW UP; ANTERIOR CRANIAL VAULT REMODELING FOR POSSIBLE METOPIC CRANIOSYNOSTOSIS, 3 CHIARI DECOMPRESSIONS	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Compression fractures of thoracic spine and right arm pain.; This study is being ordered for trauma or injury.; July 7th, 2016; There has been treatment or conservative therapy.; Severe right arm pain going into hand. Also increasing pain in upper thoracic spine; Patient had an ACDF at C5C6 on July 7th. She has also had bed rest.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	CONTINUED FOLLOW UP EVALUATION OF ANY NEW SPINAL ARACHNOID CYST; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/18/2014; There has been treatment or conservative therapy.; LEG WEAKNESS, BACK PAIN; T1-T5 LAMINECTOMY WITH SUBSEQUENT RECONSTRUCTION/LAMINOPLASTY FOR FENESTRATION OF INTRADURAL THORACIC ARACHNOID CYST WITH MICROSURGICAL DISSECTION.	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.; 10/16/2013; There has not been any treatment or conservative therapy.; MULTIPLE CONGENIAL ABNORMALITIES	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.; BOWEL AND BLADDER ISSUES, NO MOVEMENT IN LOWER EXTREMITIES; T7-T10 LAMINECTOMIES WITH RESECTION OF DERMAL SINUS TRACT AND SKIN TAG, UNTETHERING OF THE SPINAL CORD AND REPAIR OF MENINGOCELE AT T8-T10 LEVEL	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	CONTINUED FOLLOW; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/27/2016; There has not been any treatment or conservative therapy.; FATTY FILUM TERMINALE, CONSTIPATION ISSUES, BLADDER ACCIDENTS, BACK PAIN	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	diffuse numbness, weakness, ataxia, and bowel and bladder symptoms; This study is being ordered for a neurological disorder.; 06/01/2016; There has been treatment or conservative therapy.; diffuse numbness, weakness, ataxia, and bowel and bladder symptoms; anti-inflammatory medications and Neurontin	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Had an mri of the brain, showed a malignant tumor. Likely malignant. He is having pain and they are trying to rule out spread of cancer in these regions. Also headaches, neck and back pain.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	No info given.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 2016. Exact date unknown.; There has been treatment or conservative therapy.; Progressively worsening mid-back pain. Pertinent negatives include: abdominal pain, chest pain, chills, constipation, cough, diarrhea, dyspnea, fever, limping, nausea, swelling, urinary difficulty, vomiting, and weight loss.; Physical therapy, drug therapy, massage therapy	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	POST OPERATIVE FOLLOW UP; This study is being ordered for Congenital Anomaly.; 07/17/2012; There has been treatment or conservative therapy.; POST OPERATIVE FOLLOW UP; REPAIR OF DIASTEMATOMYELIA FROM T4 TO S4	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Pt had surgery 02/09/2016 and follow up to surgery due new 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.; 06/01/16; It is not known if there has been any treatment or conservative therapy.; Pt suffers with left leg pain, worse with walking with cramps.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Pt with Von Hippel Lindau Disease with multiple brain and spine lesions; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	studies needed prior to surgery; This study is being ordered for Congenital Anomaly.; at birth; There has been treatment or conservative therapy.; neck pain and mid-level back pain between shoulder blades left hand numbness dropping objects left hand weakness; MRI monitoring  pain meds	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.; <Enter Additional Clinical Information>; 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 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.	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 bowel or bladder dysfunction.	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 radiculopathy documented on EMG or nerve conduction study.	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 not experiencing sensory abnormalities such as numbness or tingling.; Patient has been in pain management at pain clinic for quite a while. Patient has received pain pills and cortisone shots.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does 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

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	6
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; "The 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.; None	1
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.	8
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.; The study is being ordered due to Neurological deficits.; Mr. Brown is experiencing upper,middle and lower back pain. Radiation of pain to Left and Right thigh posterior. Mr. Brown is experiencing stiffness and bilateral "give away" sensations causing patient to have near falls. This is a 6 month follow up scan ; 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	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 recent fracture on previous imaging studies.	1
Neurological Surgery	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
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.	3

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	We need to rule out a mass, lesion, herniation, or fracture in the cervical or thoracic spine that is causing compression or mass effects on spinal cord for acute onset of symptoms.; This study is being ordered for a neurological disorder.; Patient with chronic low back pain progressively worsening with extremity weakness. However on 6/30/2016 patient fell down and had loss of bowel control, numbness to bilateral lower extremities, unable to ambulate, and weakness.; There has been treatment or conservative therapy.; Neck pain, upper extremity weakness, lower extremity weakness, loss of bowel control, unable to ambulate, numbness to extremities, low back pain, leg pain; Patient was started on physical therapy, had two epidural steroids injections, treatment with gabapentin, NSAIDs.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		2
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; 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

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.; pain to right hip and thigh cant push without pain; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	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
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a 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 >; home exercise and medication	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 07/07/2016; There has been treatment or conservative therapy.; right upper and right lower extremity pain with numbness and tingling; PT and steroid 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 a neurological disorder.; 8/1/14; It is not known if there has been any treatment or conservative therapy.; headaches, tingling in arms and legs, photophobia, weakness in arms and legs, bowel and bladder changes, short term memory loss	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; June 11 2013; There has been treatment or conservative therapy.; back and neck pain. bilateral arm pain. left worse then right. leg pain. numbness and tingling of his extremities.; anit inflammatories, muscle relaxers, pain meds. Celebrex. Had 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 Inflammatory/ Infectious Disease.; 6/9/2016; It is not known if there has been any treatment or conservative therapy.; Swelling up to elbows. Pain in neck. Sensitive to cold.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; Lower extremity weakness; Lower back pain; Greater on the left side; Past cervical fission and pain management; PT; Anti-inflammatory	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; thoracic pain into bilateral legs, numbness, tingling in legs; PT, medications, 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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/24/2012; There has been treatment or conservative therapy.; neck pain bilateral both arms radiating to hands, lower back pain radiating to bilateral feet.; patient has p/t, injections, medications.	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.; 5/25/2016; There has been treatment or conservative therapy.; severe back pain unable to sleep, sit or walk; modified activity, physical therapy and rehab	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/18/2015; There has been treatment or conservative therapy.; back pain radiating into right groin down into thigh and difficulty walking; physical therapy, pain management to include injections, oral steroids, pain medication, chiropractic treatment	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 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 Right: biceps 2/4, triceps 2/4, brachial radialis 2/4, patellar 2/4, and achilles 2/4. Reflexes Left: biceps 2/4, triceps 2/4, brachial radialis 2/4, patellar 2/4, and achilles 2/4. Plantar Reflex Right: response downgoing. Plantar Reflex Left: r	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 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.; ; There has been 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.; Other Back Pain;	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Six months.; It is not known if there has been any treatment or conservative therapy.; Reported by patient.  Duration: 6 months  Frequency Constantly  Severity: Average pain level over the last week 0/10  Location: Neck Both  Quality: Numb  Timing: Abrupt onset  Context/Mechanism: Cannot identify  Aggravating Factors: Cannot identif	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for Congenital Anomaly.; 12/19/2014; There has been treatment or conservative therapy.; S/P LP shunt on 7/15/2015 vwith pain along tract. Headaches are gone. Did have CT abd and chest which shows what are thought to be bening nodules. No wound drainage. No fever . ESR, CRP still up. In addition to her recent LP shunt, she has also had 4 brai; S/P cranioplasty. Some night fevers?, Wound flat and intact. CRP was up initially but is 1.9 now from 10.0. ESR 41. No obvious infection. Shuint at 1.5 Wound C/D/I	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	3
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.; 10/06/2014; There has not been any treatment or conservative therapy.; CHIARI I MALFORMATION, HEADACHES, PSEUDOTUMOR CEREBRI, PAPILLEDEMA	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/19/2012; There has been treatment or conservative therapy.; Patient has persistent neck and back pain.; Duration: 5 years  Frequency Frequently  Location: Low back Midline; Mid-back Both; Neck Both; Leg(s) Right  Quality: Dull; Aching; Tingling; Numb  Timing: Cannot identify  Context/Mechanism: work injury  Aggravating Factors: sitting; standing; walk	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient was diagnosed with Chiari malformation/syrinx in 2010.; It is not known if there has been any treatment or conservative therapy.; Headaches exacerbated by valsalva.	1
Neurological Surgery	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
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; 2 months ago, exact date unknown; There has been treatment or conservative therapy.; Sharp, shooting back pain in the lower right side that can radiate to the upper left side; Drug therapy and home health therapy	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	3 weeks post MIS partial discectomy L5-S1 on the left with wound dehiscence. I cannot exclude an abscess deep to the incision. We need to get an MRI of the lumbar spine to evaluate for a sub-incisional abscess which could be tracking deep to the 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
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	5/17/16 pt had cervical fusion surgery; This study is being ordered for a neurological disorder.; 6/2016; There has been treatment or conservative therapy.; Chronic axel neck/back pain Finger numbness; PT Medrol dose pk Norco Neurontin Zanaflex	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	ANNUAL FOLLOW UP FOR CARE; This study is being ordered for Congenital Anomaly.; 06/08/2008; There has been treatment or conservative therapy.; TETHERED CORD; POSTERIOR SPINAL HAMATE ARTHRODESIS	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	ANNUAL FOLLOW UP; This study is being ordered for a neurological disorder.; 2002; There has been treatment or conservative therapy.; ANNUAL FOLLOW UP; ANTERIOR CRANIAL VAULT REMODELING FOR POSSIBLE METOPIC CRANIOSYNOSTOSIS, 3 CHIARI DECOMPRESSIONS	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	back and left lower extremity 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

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	back pain and balancing issues.  His pain continues to increase, Hx. Of discitis and osteomyelitis.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	CONTINUED FOLLOW UP EVALUATION OF ANY NEW SPINAL ARACHNOID CYST; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/18/2014; There has been treatment or conservative therapy.; LEG WEAKNESS, BACK PAIN; T1-T5 LAMINECTOMY WITH SUBSEQUENT RECONSTRUCTION/LAMINOPLASTY FOR FENESTRATION OF INTRADURAL THORACIC ARACHNOID CYST WITH MICROSURGICAL DISSECTION.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	CONTINUED FOLLOW UP; This study is being ordered for Congenital Anomaly.; 10/16/2013; There has not been any treatment or conservative therapy.; MULTIPLE CONGENIAL ABNORMALITIES	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	CONTINUED FOLLOW UP; This study is being ordered for Congenital Anomaly.; 11/22/2011; There has been treatment or conservative therapy.; BOWEL AND BLADDER ISSUES, NO MOVEMENT IN LOWER EXTREMITIES; T7-T10 LAMINECTOMIES WITH RESECTION OF DERMAL SINUS TRACT AND SKIN TAG, UNTETHERING OF THE SPINAL CORD AND REPAIR OF MENINGOCELE AT T8-T10 LEVEL	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	FOR EVALUATION FOR INJECTIONS OR SURGERY.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6-3-16; There has been treatment or conservative therapy.; PATIENT IS HAVING INCREASING LOW BACK PAIN WITH BILATERAL LEG PAIN AND POSTERIOR NUMBNESS AND IS HAVING NECK PAIN WITH BILATERAL ARM PAIN.; PATIENT HAS HAD INJECTIONS	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Had an mri of the brain, showed a malignant tumor. Likely malignant. He is having pain and they are trying to rule out spread of cancer in these regions. Also headaches, neck and back pain.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	L3 fracture; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	low back pain that radiates into his left buttock, hip and left leg, pain in right leg with worse pain in left leg. Patient has tried 6 weeks of physical therapy with no improvement.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Lumbar Radiculopathy; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; It is not known when surgery is scheduled.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	On 01/07/2016, we saw this pt in clinic. At that time, she had finished 6 weeks of physical therapy, which was very effective, and had an ESI, which did not help; her leg pain was gone, but she still had low back pain. She has had these issues since 201; 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	pain extending down right lower extremity; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	patient has complete 6 week of physical therapy with no progress. Condition is same or worse at times.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PATIENT HAS FAILED CONSERVATIVE THERAPIES OF INJECTIONS AND PHYSICAL THERAPY. REQUESTING MRI FOR SURGERY EVALUATION.; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; It is not known when surgery is scheduled.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PATIENT IS 2 MONTHS POST OP FROM A LUMBAR FUSION WITH 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	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient with increasing low back pain with leg pain,numbness and tingling in the right lower extremity.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	POST OPERATIVE FOLLOW UP; This study is being ordered for Congenital Anomaly.; 07/17/2012; There has been treatment or conservative therapy.; POST OPERATIVE FOLLOW UP; REPAIR OF DIASTEMATOMYELIA FROM T4 TO S4	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pre opt evaluation; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt had surgery 02/09/2016 and follow up to surgery due new 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.; 06/01/16; It is not known if there has been any treatment or conservative therapy.; Pt suffers with left leg pain, worse with walking with cramps.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt with Von Hippel Lindau Disease with multiple brain and spine lesions; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	r/o other injuries; The study requested is 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
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	r/o post op complication; 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	Rule out recurring disc herniation/spinal stenosis. Patient is status post cervical fusion.; This study is being ordered for a neurological disorder.; 07/01/2016; There has been treatment or conservative therapy.; Neck and low back pain/ weakness in bilateral upper and lower extremities. Numbness and tingling in bilateral upper and lower extremities; Home exercise/Yoga/otc medications	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Symptoms have worsened; 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; 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
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 not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	1
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 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

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3
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.; The patient has Neurological abnormalities; This procedure is being requested for Trauma or recent injury	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 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.	2
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	4
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 have new or changing neurologic signs or symptoms.; The patient does 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.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1
Neurological Surgery	Approval	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 infection or abscess	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 Known or suspected tumor with or without metastasis	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	153
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	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 an Abnormal x-ray indicating a significant abnormality	22
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	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 Neurological deficit(s)	86

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	TO CHECK HARDWARE IN NECK AND TO EVALUATE FOR INJECTIONS OR SURGERY FOR LOW BACK.; This study is being ordered for trauma or injury.; 1-24-2015; There has been treatment or conservative therapy.; PATIENT HAS HAD A CERVICAL FUSION AND HAS HAD A MVA THAT HAS INCREASED HIS NECK AND LOW BACK PAIN WITH PAIN IN IN BILATERAL LEGS AND ARMS.; PATIENT HAS HAD A CERVICAL FUSION AND HAS HAD PHYSICAL THERAPY BEFORE AND AFTER SURGERY FOR HER CERVICAL AND LUMBAR.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	TO EVALUATE FOR SURGERY OR INJECTIONS; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; BILATERAL WEAKNESS WITH TINGLING AND NUMBNESS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	TO EVALUATE FOR SURGERY OR STERIOD INJECTINOS.; 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 INCREASING LOW BACK PAIN WITH HIP, BUTTOCK AND LOWER EXTREMITY PAIN. PATIENT IS HAVING LOWER EXTREMITY WEAKNESS AND TINGLING RIGHT WORSE THEN LEFT, WITH DECREASED STRENGTH IN THE RIGHT LEG.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	TO EVALUATE FOR SURGERY OR STERIOD INJECTIONS.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PATIENT HAS INCREASING LOW BACK PAIN WITH BILATERAL LEG PAIN.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	X ray in 8, prominent lateral spurring at 3/4 on the L, loss of lumbar lordosis, disc space changes noted into l1 and 2 level, anterior spurring c3/4/5/6 and 7, anterior spurring at c5/6, inferior slip at c7 and t1; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/11/2016; There has been treatment or conservative therapy.; Neck pain with radiculopathy, low back pain, weakness in the arm; PT, cervical and lumbar traction or inversion table, body mechanics, posture, HEP, pain worsening over last five weeks, neck pain radiates to L shoulder, arm tingling and numbing to fingertips, occasional R leg numbness, seeing chiropractor for low back,	1

Neurological Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	Patient reports pain in the left hip and thigh exacerbated by standing and ambulating on his left leg. Pain is likely coming from his SI joint. His sacroiliac screws are still in place from his 2001 surgery.; 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.	1
Neurological Surgery	Approval	72196 MRI PELVIS	; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Neurological Surgery	Approval	72196 MRI PELVIS	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	1
Neurological Surgery	Approval	72196 MRI PELVIS	bilertal hip pain; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Neurological Surgery	Approval	72196 MRI PELVIS	having severe right leg pain that is worse and more painful than her low back pain.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Neurological 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.	2
Neurological Surgery	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	2

Neurological 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 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
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.	5
Neurological 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
Neurological Surgery	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.; 7/7/16; There has not been any treatment or conservative therapy.; Pt has pain and ROM.	2

Neurological Surgery	Approval	73700 CT LEG OR LOWER EXTREMITY	Pt had an L5-S1 Transforaminal Lumbar Interbody Fusion with Instrumentation (TLIF) on 03/28/16. Since the operation, her low back pain has not gotten any better. Her bilateral hip pain hasn't gotten any better either. For these reasons, a CT of the lumb; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/12/2016; There has been treatment or conservative therapy.; Bilateral hip pain, low back pain, and joint pain.; ESI, physical therapy, bone stimulator, SI joint injection, SI joint blocks.	2
Neurological 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.	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.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is due to an old injury.; The request is for hip pain.	1
Neurological Surgery	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1

Neurological Surgery	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is 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
Neurological Surgery	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has 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

Neurological Surgery	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has 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.	1
Neurological Surgery	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	5
Neurological Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	MRI Thoracic spine shows lymphadenopathy. CT chest pelvis abdomen recommended.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being 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	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
Neurological 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	1
Neurological 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
Neurological Surgery	Approval	76390 Mr spectroscopy		This is a request for MRS.	1
Neurological Surgery	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 has Brain cancer.	1
Neurological Surgery	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.; 1/2015; There has been treatment or conservative therapy.; headaches, psychogenic seizures, nausea, loss of consciousness; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >	1

Neurological Surgery	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 Vascular Disease.; Unknown; There has not been any treatment or conservative therapy.; tingling,	1
Neurological Surgery	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Concerned about pseudoarthrosis.; This study is being ordered for trauma or injury.; April 2014; There has been treatment or conservative therapy.; Arm pain, weakness, and neck pain. He has progressive headaches and dizziness.; Pain Management and Physical Therapy	1
Neurological Surgery	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	One year s/p SOD . Current studies show excellent postoperative result. Excellent CSF flow, excellent 3D recons CT. Some headaches recently with weather changes but otherwise doing well. Persistnet numbness in right 2 - 4 digits. Cspine MRI with minimal d; This study is being ordered for a neurological disorder.; 2 years; There has been treatment or conservative therapy.; Known to me s/p SOD 9/15. Hasdone OK but complains of mid Tspine pain and PCP did xrays demonstrating possible compression fracture, DDD (which runs in family). She complains of neck/ subocc pain at times and has had runny eyes similar to preop. Generail; 9/17/2014 - chiari sx	1
Neurological Surgery	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	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
Neurological Surgery	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. 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

Neurological Surgery	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	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	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; Unknown; There has not been any treatment or conservative therapy.; tingling,	1
Neurological Surgery	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	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	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	2
Neurological Surgery	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	diplopia, unilateral headaches; This study is being ordered for a neurological disorder.; December 2015; There has been treatment or conservative therapy.; For just the last year and a half she said right sided headaches. They are never on the left side. Most of the time a headaches start in the neck region and radiate to the right side of her head including the face. Occasionally there is some photophobi; SHe was taking Excedrin migraine for the problem but it causes a GI bleed.	1

Neurological Surgery	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	Possible myasthenia gravis. 1. Assessment Diplopia (H53.2).  Impression I do not have an explanation for her diplopia. Does have some migraines and perhaps is related to migraine phenomenon. I cannot completely rule out possibility of myasthenia ; This study is being ordered for a neurological disorder.; 07/12/2016; There has not been any treatment or conservative therapy.; double vision, migraine headaches	1
Neurological Surgery	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 07/2016; There has been treatment or conservative therapy.; Pain in left neck ,left side from shoulder to hand , tingling , weakness , spasms ,; PT , Medication	1
Neurological Surgery	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.; Unknown. Patient had chiari surgery 6/9/15.; There has been treatment or conservative therapy.; He is continuing to be very symptomatic including multiple episodes of syncope with Valsalva. His current study shows significant tonsillar herniations with attenuation of CSF and I believe there is no syrinx or tethered cord.; S/P Chiari decompression with occasional upset stomach/ nausea with weather changes. Minimal subocc discomfort. Preop symtpoms gone. Wound C/D/I	1

Neurological Surgery	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	59 yr old right handed female here for neck pain and right arm weakness for several years. Status post cervical fusion x 2 in 2000-2002. In 1985, she slipped on ice and hit neck on step and had problems ever since. 2nd surgeon told her he found a tumor ar; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Since early 2008; There has been treatment or conservative therapy.; Cont w neck pain that radiates to the right shoulder area. Right arm pain and weakness. Notices the ant muscles in the neck sore. Daily headaches. Notices clicks when turning head.; Oxycodone 10 mg Flexeril 10 Mg Gabapentin 300 MG Cymbalta	1
Neurological Surgery	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Severe headaches along with neck and arm pain; This study is being ordered for trauma or injury.; 07/30/2016; There has been treatment or conservative therapy.; headaches, neck pain, and arm pain; Patient had physical therapy, takes hydrocodone and fioricet for headaches	1
Neurological Surgery	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	studies needed prior to surgery; This study is being ordered for Congenital Anomaly.; at birth; There has been treatment or conservative therapy.; neck pain and mid-level back pain between shoulder blades left hand numbness dropping objects left hand weakness; MRI monitoring  pain meds	1

Neurological Surgery	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of 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
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 stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	2
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	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	1
Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; 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	fatigue, weight gain; heart burn; dizziness; memory impairment; urinary incontinency; nausea; radiating pain down leg; This study is being ordered for a neurological disorder.; 08/18/2016; There has not been any treatment or conservative therapy.; severe pain thoracic region and in lower and upper spine region; sharp pain	1
Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	patient is still having complaints of pain along with radiating symptoms. prior cta was performed, test came back not abnormal. patient is still having problems with balance as well as memory loss.; 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	PT SEEN IN FOLLOWUP, PT NOTED TO HAVE UNDERGONE A LONG SEGMENT ANTERIOR CERVICAL DISKECTOMY AND FUSION BACK AROUND THE END OF LAST YEAR, HE HAS DONE VERY WELL. HOWEVER, HE HAS RECENTLY DEVELOPED SOME PRETTY SEVERE PAIN ON THE LEFT SIDE OF HIS NECK WITH 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

Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Steven Parrish is a 47-year-old male who comes to the clinic stating he fell from a 2nd story window and sustained a distal third fracture of his clavicle without destruction of the coracoclavicular ligaments. The patient's injury occurred on July 23 or; This study is being ordered for trauma or injury.; 7/23/16; There has been treatment or conservative therapy.; Arm pain on exertion, weakness, tingling over axillary nerve.; Tylenol, Valium, Norco, Diazepam, Lisinopril, Metoprolol Succinate.	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.; Other Back Pain;	1
Neurological Surgery	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	fatigue, weight gain; heart burn; dizziness; memory impairment; urinary incontinency; nausea; radiating pain down leg; This study is being ordered for a neurological disorder.; 08/18/2016; There has not been any treatment or conservative therapy.; severe pain thoracic region and in lower and upper spine region; sharp pain	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 trauma or injury.; Unknown; There has not been any treatment or conservative therapy.; Back pain as well as right shoulder pain/numbness.	1
Neurological Surgery	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.; Other Back Pain;	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	fatigue, weight gain; heart burn; dizziness; memory impairment; urinary incontinency; nausea; radiating pain down leg; This study is being ordered for a neurological disorder.; 08/18/2016; There has not been any treatment or conservative therapy.; severe pain thoracic region and in lower and upper spine region; sharp pain	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.; 05/14/2015; There has been treatment or conservative therapy.; right leg radiculophy /oral pain /notice a pop large amount of pain went to er has acute fracture; managed conservative therapy	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.; 7/8/2016; There has been treatment or conservative therapy.; mbr has pain in back and neck - post op complication; medication and PT and injections	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 neurological disorder.; ; 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 a neurological disorder.; 05/05/16; It is not known if there has been any treatment or conservative therapy.; dizziness, weakness, syncope, collapse	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 neurological disorder.; 07/2016; There has been treatment or conservative therapy.; Pain in left neck ,left side from shoulder to hand , tingling , weakness , spasms ,; PT , Medication	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 neurological disorder.; 10 year history and symptoms have been gradually progressive in nature; There has been treatment or conservative therapy.; left upper extremity radiculopathy with tremor. Numbness with loss of dexterity; Topamax, anti-inflammatory medications, Tens unit, therapeutic injections	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 Congenital Anomaly.; 12/19/2014; There has been treatment or conservative therapy.; S/P LP shunt on 7/15/2015 vwith pain along tract. Headaches are gone. Did have CT abd and chest which shows what are thought to be bening nodules. No wound drainage. No fever . ESR, CRP still up. In addition to her recent LP shunt, she has also had 4 brai; S/P cranioplasty. Some night fevers?, WOUND flat and intact. CRP was up initially but is 1.9 now from 10.0. ESR 41. No obvious infection. Shuint at 1.5 Wound C/D/I	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	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown. Patient had chiari surgery 6/9/15.; There has been treatment or conservative therapy.; He is continuing to be very symptomatic including multiple episodes of syncope with Valsalva. His current study shows significant tonsillar herniations with attenuation of CSF and I believe there is no syrinx or tethered cord.; S/P Chiari decompression with occasional upset stomach/ nausea with weather changes. Minimal subocc discomfort. Preop sympoms gone. Wound C/D/I	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 trauma or injury.; ; 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	CT DONE CONCERNING FOR CHIARI MALFORMATION; This study is being ordered for a neurological disorder.; 4/19/2016; There has been treatment or conservative therapy.; DIFFICULTY WITH WRITING LANGUAGE, SPEECH DELAY, HEADACHES, CT DONE CONCERNING FOR CHIARI MALFORMATION; SPEECH THERAPY	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Evaluate hardware from previous 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.; September 2014; There has been treatment or conservative therapy.; Back pain radiates to leg, worse with activity and flexion; Medications and injections	1

Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	FOR EVALUATION FOR INJECTIONS OR SURGERY.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6-3-16; There has been treatment or conservative therapy.; PATIENT IS HAVING INCREASING LOW BACK PAIN WITH BILATERAL LEG PAIN AND POSTERIOR NUMBNESS AND IS HAVING NECK PAIN WITH BILATERAL ARM PAIN.; PATIENT HAS HAD INJECTIONS	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	I spoke with Mr. Adams who states he fell off the front steps at home after missing one on 08/30/16. He said he landed on his right shoulder and ribs. He went to the ER in Heber Springs where they looked only at his shoulder and ribs. At that time it was ; This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1

Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MRI of the cervical and thoracic spine is needed to assess for cause of myelopathy.; This study is being ordered for a neurological disorder.; Approximately three months ago; There has been treatment or conservative therapy.; Low back pain with radiation into bilateral lower extremities with associated numbness/tingling. She has decreased motor strength of physical exam and hyperreflexia. Also with urinary retention.; Patient with physical therapy and medication therapy (Norco, Ibuprofen, Medrol dosepak, Ultram)	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Need MRI imaging of cervical and lumbar spine to rule out canal stenosis, herniated disc, and cord compression which could be causing his neck and low back pain, weakness, and extremity numbness and tingling.; This study is being ordered for a neurological disorder.; Began 15 years ago, worse in the past two years.; There has been treatment or conservative therapy.; Patient with bilateral posterior neck pain with radiation into upper extremities, numbness in bilateral hands. He also had low back pain with numbness/tingling into bilateral legs and right leg weakness and incoordination. He has decreased mobility and lo; Medication: Ibuprofen, Gabapentin; Therapy	1

Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	One year s/p SOD . Current studies show excellent postoperative result. Excellent CSF flow, excellent 3D recons CT. Some headaches recently with weather changes but otherwise doing well. Persistnet numbness in right 2 - 4 digits. Cspine MRI with minimal d; This study is being ordered for a neurological disorder.; 2 years; There has been treatment or conservative therapy.; Known to me s/p SOD 9/15. Hasdone OK but complains of mid Tspine pain and PCP did xrays demonstrating possible compression fracture, DDD (which runs in family). She complains of neck/ subocc pain at times and has had runny eyes similar to preop. Generalil; 9/17/2014 - chiari sx	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has never had any cervical diagnostic imaging in the past. A cervical MRI would provide information for spinal cord pressure.; This is a request for cervical spine MRI; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has 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	Patient states that he is having Right hand numbness.; 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
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PT HAS HEADACHES AND NUMBNESS AND TINGLING AND HAS BEEN ON SEVERAL MEDICATION TO RELIEF THIS FOR 3 YEARS.. MOST RECENT IS FLEXERIL AND TIZANIDINE WITH VALIUM; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Severe headaches along with neck and arm pain; This study is being ordered for trauma or injury.; 07/30/2016; There has been treatment or conservative therapy.; headaches, neck pain, and arm pain; Patient had physical therapy, takes hydrocodone and fioricet for headaches	1

Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Steven Parrish is a 47-year-old male who comes to the clinic stating he fell from a 2nd story window and sustained a distal third fracture of his clavicle without destruction of the coracoclavicular ligaments. The patient's injury occurred on July 23 or; This study is being ordered for trauma or injury.; 7/23/16; There has been treatment or conservative therapy.; Arm pain on exertion, weakness, tingling over axillary nerve.; Tylenol, Valium, Norco, Diazepam, Lisinopril, Metoprolol Succinate.	1
Neurological Surgery	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.	3
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This 44 year old female presents with neck pain radiating to her right shoulder. She complains of numbness and tingling in her right hand. She states that her symptoms began about one year ago and progressively increased.; She has previously been treat; This study is being ordered for a neurological disorder.; 08/01/2015; There has been treatment or conservative therapy.; This 44 year old female presents with neck pain radiating to her right shoulder. She complains of numbness and tingling in her right hand. She states that her symptoms began about one year ago and progressively increased.; 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; "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
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.	6
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; He complains of numbness and tingling in his right arm through his digits. He states that his symptoms began in 2007 after a motor vehicle accident and have progressively worsened since. He has previously been treated by a physical therapist which provid; 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; Neurological deficits; Pt experiencing pain in bilateral hands and feet; right hand worse in third finger; history surgery and chemo for bladder cancer in 2015;; 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; 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

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; None of the above; cervical spondylosis; pain and radiculopathy to hips; 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; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.;	1
Neurological Surgery	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.; Old MRI from 2014 after MVA, suggested mild stenosis on left at C-5/C-6 forminal, 1mm bulge at C5/C6 slightly flattened Phecal Sac w/o central stenosis symptoms: neck pain inferior on left and trapeze area on left side. No numbness or tingling, no associ	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; 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
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.; 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 July 2016.   He was first seen on 11/12/2015 f	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does 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	Unknown; This study is being ordered for trauma or injury.; Unknown; There has not been any treatment or conservative therapy.; Back pain as well as right shoulder pain/numbness.	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	X-rays reveal some spondylitic changes in the thoracic spine with some bridging osteophytes, which appear to be at multiple levels.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown date/ the last couple of months; It is not known if there has been any treatment or conservative therapy.; Discomfort below the right scapula and some pain in the right thoracic area,sometimes this goes up into the right shoulder.	1
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.";	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.; 1/10/16; There has been treatment or conservative therapy.; mid and low back pain, bilateral leg numbness and weakness, tingling, spasms,; PT, trigger point injections, anti-inflammatories, steroids, muscle relaxers, Chiropractic,	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/15/2016; There has been treatment or conservative therapy.; pack pain pain in legs; medications & amp; nerv blocks	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 a neurological disorder.; ; There has been treatment or conservative therapy.; ;	2
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 Congenital Anomaly.; 12/19/2014; There has been treatment or conservative therapy.; S/P LP shunt on 7/15/2015 vwith pain along tract. Headaches are gone. Did have CT abd and chest which shows what are thought to be bening nodules. No wound drainage. No fever . ESR, CRP still up. In addition to her recent LP shunt, she has also had 4 brai; S/P cranioplasty. Some night fevers?, WOUND flat and intact. CRP was up initially but is 1.9 now from 10.0. ESR 41. No obvious infection. Shuint at 1.5 Wound C/D/I	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 Congenital Anomaly.; The patient stated symptoms have been going on for years.; It is not known if there has been any treatment or conservative therapy.; Migraine type headaches, lightheadedness, visual floaters, tingling in hands.	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7 years; It is not known if there has been any treatment or conservative therapy.; Duration: 7 years  Frequency Constantly  Severity: Average pain level over the last week 7/10  Location: Low back Right; Mid-back Right; Neck Right  Quality: Aching; Sharp; Numb  Timing: Abrupt onset	1
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	CT DONE CONCERNING FOR CHIARI MALFORMATION; This study is being ordered for a neurological disorder.; 4/19/2016; There has been treatment or conservative therapy.; DIFFICULTY WITH WRITING LANGUAGE, SPEECH DELAY, HEADACHES, CT DONE CONCERNING FOR CHIARI MALFORMATION; SPEECH THERAPY	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.; 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

Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MRI of the cervical and thoracic spine is needed to assess for cause of myelopathy.; This study is being ordered for a neurological disorder.; Approximately three months ago; There has been treatment or conservative therapy.; Low back pain with radiation into bilateral lower extremities with associated numbness/tingling. She has decreased motor strength of physical exam and hyperreflexia. Also with urinary retention.; Patient with physical therapy and medication therapy (Norco, Ibuprofen, Medrol dosepak, Ultram)	1
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	One year s/p SOD . Current studies show excellent postoperative result. Excellent CSF flow, excellent 3D recons CT. Some headaches recently with weather changes but otherwise doing well. Persistnet numbness in right 2 - 4 digits. Cspine MRI with minimal d; This study is being ordered for a neurological disorder.; 2 years; There has been treatment or conservative therapy.; Known to me s/p SOD 9/15. Hasdone OK but complains of mid Tspine pain and PCP did xrays demonstrating possible compression fracture, DDD (which runs in family). She complains of neck/ subocc pain at times and has had runny eyes similar to preop. Generail; 9/17/2014 - chiari sx	1

Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt with syringomyelia in cervical spine. dr burson wants MRI brain, thoracic, and lumbar spine to determine why patient has syringomyelia; This study is 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; It is not known if there has been any treatment or conservative therapy.; pt with posterior headaches, numbness/tingling in hands.	1
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; <Enter Additional Clinical Information>; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; None; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	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 44 year old female presents with neck pain radiating to her right shoulder. She complains of numbness and tingling in her right hand. She states that her symptoms began about one year ago and progressively increased.  She has previously been treat; This study is being ordered for a neurological disorder.; 08/01/2015; There has been treatment or conservative therapy.; This 44 year old female presents with neck pain radiating to her right shoulder. She complains of numbness and tingling in her right hand. She states that her symptoms began about one year ago and progressively increased.; Physical Therapy	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 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

Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	X-rays reveal some spondylitic changes in the thoracic spine with some bridging osteophytes, which appear to be at multiple levels.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown date/ the last couple of months; It is not known if there has been any treatment or conservative therapy.; Discomfort below the right scapula and some pain in the right thoracic area,sometimes this goes up into the right shoulder.	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	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.; 1/10/16; There has been treatment or conservative therapy.; mid and low back pain, bilateral leg numbness and weakness, tingling, spasms,; PT, trigger point injections, anti-inflammatories, steroids, muscle relaxers, Chiropractic,	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.; 05/14/2015; There has been treatment or conservative therapy.; right leg radiculophy /oral pain /notice a pop large amount of pain went to er has acute fracture; managed conservative therapy	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.; 06/15/2016; There has been treatment or conservative therapy.; pack pain pain in legs; medications & nerv blocks	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.; 7/8/2016; There has been treatment or conservative therapy.; mbr has pain in back and neck - post op complication; medication and PT and injections	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.; 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	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.; Her pain refers into both lower extremities and ends up in the bilateral calves. She says her ankles feel weak. Pain in the lower back seems to be more prominent on the right than the left of midline.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
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; 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	; 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

Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Congenital Anomaly.; The patient stated symptoms have been going on for years.; It is not known if there has been any treatment or conservative therapy.; Migraine type headaches, lightheadedness, visual floaters, tingling in hands.	1
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.; ;	2
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.; 7 years; It is not known if there has been any treatment or conservative therapy.; Duration: 7 years  Frequency Constantly  Severity: Average pain level over the last week 7/10  Location: Low back Right; Mid-back Right; Neck Right  Quality: Aching; Sharp; Numb  Timing: Abrupt onset	1
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.; ; There has been treatment or conservative therapy.; ;	2
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	CT DONE CONCERNING FOR CHIARI MALFORMATION; This study is being ordered for a neurological disorder.; 4/19/2016; There has been treatment or conservative therapy.; DIFFICULTY WITH WRITING LANGUAGE, SPEECH DELAY, HEADACHES, CT DONE CONCERNING FOR CHIARI MALFORMATION; SPEECH THERAPY	1

Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Evaluate hardware from previous 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.; September 2014; There has been treatment or conservative therapy.; Back pain radiates to leg, worse with activity and flexion; Medications and injections	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	He states that his testicular feel as if they are being "squeezed." He identifies weakness in his left leg. He states that his symptoms began over twenty years ago after a work injury and have progressively worsened in the last three month. He is current; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Symptoms have progressively worsened over the last three months.	1

Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	low back pain - post fusion to l4-l5; 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	Need MRI imaging of cervical and lumbar spine to rule out canal stenosis, herniated disc, and cord compression which could be causing his neck and low back pain, weakness, and extremity numbness and tingling.; This study is being ordered for a neurological disorder.; Began 15 years ago, worse in the past two years.; There has been treatment or conservative therapy.; Patient with bilateral posterior neck pain with radiation into upper extremities, numbness in bilateral hands. He also had low back pain with numbness/tingling into bilateral legs and right leg weakness and incoordination. He has decreased mobility and lo; Medication: Ibuprofen, Gabapentin; Therapy	1
Neurological Surgery	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.; July 2016. Exact date unknown.; There has been treatment or conservative therapy.; Progressively worsening mid-back pain. Pertinent negatives include: abdominal pain, chest pain, chills, constipation, cough, diarrhea, dyspnea, fever, limping, nausea, swelling, urinary difficulty, vomiting, and weight loss.; Physical therapy, drug therapy, massage therapy	1

Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	No information given (see previous answers to questions); This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Low back pain: May 2016 (exact day not given); Facial pain: suddenly (exact date not given); There has been treatment or conservative therapy.; Low back pain: ache, burning, deep, shooting, stabbing, and throbbing pain. The pain radiates down to the right buttock and posterior thigh/calf. Symptoms are aggravated by changing positions, daily activities, standing, and walking. Symptoms are relieved; ES, PT, medication therapy	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	One year s/p SOD . Current studies show excellent postoperative result. Excellent CSF flow, excellent 3D recon CT. Some headaches recently with weather changes but otherwise doing well. Persistent numbness in right 2 - 4 digits. C spine MRI with minimal disc; This study is being ordered for a neurological disorder.; 2 years; There has been treatment or conservative therapy.; Known to me s/p SOD 9/15. Has done OK but complains of mid T spine pain and PCP did xrays demonstrating possible compression fracture, DDD (which runs in family). She complains of neck/ suboccipital pain at times and has had runny eyes similar to preop. General; 9/17/2014 - Chiari sx	1

Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient had Right L4/5 Discectomy and is now having severe low back pain, right buttock and thigh 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
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAS HAD PREVIOUS LUMBAR FUSION IN 2014 AND IS HAVING INCREASING LOW BACK PAIN WITH LEG PAIN AFTER INJECTIONS.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; WEAKNESS IN BILATERAL LEGS.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient with history of degenerative changes in lumbar spine. Patient complains of increasing back pain following a fall while pushing lawn mower.Pain running down the back of his legs with a numb sensation.; 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	Persistent radiculopathy; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1

Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt with syringomyelia in cervical spine. dr burson wants MRI brain, thoracic, and lumbar spine to determine why patient has syringomyelia; This study is 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; It is not known if there has been any treatment or conservative therapy.; pt with posterior headaches, numbness/tingling in hands.	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt with worsening chronic back pain for over a year.He reports achy type pain in his bilateral thighs. He has been seen recently for this in the ED. He did not undergo imaging at that time but was given flexeril for muscle spasms. He denies any weakness i; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	right L4 radicular 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

Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She complains of intermittent numbness, tingling and weakness in her right leg. She has previously had lumbar surgery done in 2010 done by Dr. Brett Dietz; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; upon exam with referring physician patient has tenderness midline and lower lumbar region, limited flexion and extension; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	studies needed prior to surgery; This study is being ordered for Congenital Anomaly.; at birth; There has been treatment or conservative therapy.; neck pain and mid-level back pain between shoulder blades left hand numbness dropping objects left hand weakness; MRI monitoring  pain meds	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	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 does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	1

Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	7
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)	6
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	TO EVALUATE FOR DISC BULGE. CANIDATE FOR SURGERY OR INJECTIONS.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PATIENT IS HAVING INCREASING BILATERAL LEG WEAKNESS WITH NUBNESS.; The patient does not have new signs or symptoms of bladder 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	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

Neurological Surgery	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	1
Neurological Surgery	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	bilateral hip pain; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Neurological Surgery	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 2000; There has been treatment or conservative therapy.; Severe neck pain, headaches, shakiness/tremor in hands, trouble writing, very large mass on left upper arm; Patient has had chiropractic care as well as massages. He has also tried NSAIDS and heat,ice and home exercises but symptoms are progressively getting worse.	1
Neurological Surgery	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 2000; There has been treatment or conservative therapy.; Severe neck pain, headaches, shakiness/tremor in hands, trouble writing, very large mass on left upper arm; Patient has had chiropractic care as well as massages. He has also tried NSAIDS and heat,ice and home exercises but symptoms are progressively getting worse.	1
Neurological Surgery	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; There has not been any treatment or conservative therapy.; arm pain with numbness into fingers. need to rule out shoulder problems before proceeding with ACDF	2

Neurological Surgery	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Neurological Surgery	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Neurological Surgery	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	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	; This study is 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 years; It is not known if there has been any treatment or conservative therapy.; Duration: 7 years  Frequency Constantly  Severity: Average pain level over the last week 7/10  Location: Low back Right; Mid-back Right; Neck Right  Quality: Aching; Sharp; Numb  Timing: Abrupt onset	1
Neurology	Approval	70450 CT BRAIN, HEAD			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 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 Dementia/ Cognitive Impairment; Severe Claustrophobia is the reason an MRI is not being considered	2

Neurology	Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered	1
Neurology	Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
Neurology	Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.	3
Neurology	Approval	70450 CT BRAIN, HEAD	I did an MRI of the brain with out contrast which was negative with the exception of a broad based bony excrescence from the squamous left temporal bone. No areas of restricted diffusion were seen as were seen on the Conway MRI. A CTA done 08/08/16 was ; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Syncope/Fainting; There is another reason why an MRI is not being considered; She had a MRI on 07/28/16 and no real evidence of infarction on the current MRI. We need to order a CT to evaluate a bony abnormality on her temporal bone.	1
Neurology	Approval	70450 CT BRAIN, HEAD	Patient spasmodic torticollis with 12th nerve lesion; 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; There is another reason why an MRI is not being considered; Patient is unable to lay still for the duration of the MRI due to the Spasmodic torticollis	1

Neurology	Approval	70450 CT BRAIN, HEAD	Pt with spasmodic torticollis with 12th nerve lesion; 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; There is another reason why an MRI is not being considered; Pt is unable to lay still for duration of MRI	1
Neurology	Approval	70450 CT BRAIN, HEAD	recent fall in may 2016,checking for possible bleed; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Neurology	Approval	70450 CT BRAIN, HEAD	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.; This study is being ordered for evaluation of known tumor.	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.	4

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.	16
Neurology	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
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.	1
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	70450 CT BRAIN, HEAD	unknown; This study is being ordered for trauma or injury.; 02/21/2016; There has been treatment or conservative therapy.; patient is having seizures; patient is taking medication	1
Neurology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	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

Neurology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	This study is being ordered for a known or suspected tumor.; This is a request for a Sinus CT.	1
Neurology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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
Neurology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST	A noncontract brain MRI showed small vessel ischemic disease. I will send her back for a Brain MRI w/wo to rule out tumor or demyelination. We will also send her for a CT of the Neck and chest/abdomen/pelvis to rule out an underlying malignancy. CTA 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.; Two Months ago; It is not known if there has been any treatment or conservative therapy.; New onset headaches, Migraine, without aura, intractable, new onset dizziness/vertigo and New onset bilateral tinnitus	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST		1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 6 months ago; There has been treatment or conservative therapy.; headaches; Primary care doctor	1

Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	2
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	; This study is being ordered for a neurological disorder.; 04/01/2016; There has been treatment or conservative therapy.; Thunderclap headache;	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	; This study is being ordered for a neurological disorder.; 08/09/2016; There has been treatment or conservative therapy.; migraine, seizures; medications	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	; This study is being ordered for a neurological disorder.; 08/31/2016; There has been treatment or conservative therapy.; headache, speech disturbance;	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;	1

Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	A noncontract brain MRI showed small vessel ischemic disease. I will send her back for a Brain MRI w/wo to rule out tumor or demyelination. We will also send her for a CT of the Neck and chest/abdomen/pelvis to rule out an underlying malignancy. CTA 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.; Two Months ago; It is not known if there has been any treatment or conservative therapy.; New onset headaches, Mirgraine, without aura, intractable, new onset dizziness/vertigo and New onset bilateral tinnitus	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Abnormal MRI and severe trembling episodes.; This study is being ordered for a neurological disorder.; 07/16; There has been treatment or conservative therapy.; Dizzy and vertiginous, becomes very hot and "sweat through her shirt", couldn't speak for ten to twelve minutes, becomes stiff and will shake for ten to twenty seconds, bad headache, slurred speech and tachycardia.; MRI and aspirin	1

Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	An MRI in August of last year showed Mild to moderate chronic small vessel ischemic changes in the supratentorial deep white matter with mild similar changes in the pons. Could be chronic ischemic disease but demyelination cannot be completely ruled out.; This study is 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 TO 3 Years ago; There has been treatment or conservative therapy.; headaches, nausea, phonophobia, photophobia, scintillations, scotoma and vomiting.; Topamax 25mg BID titrating up to 100mg BID over the next few weeks. Continue ASA for stroke prophylaxis	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Cerebrovascular disease, vertebrobasilar TIA, Strong family history of aneurysm; This study is being ordered for Vascular Disease.; 04/28/2016; There has been treatment or conservative therapy.; Dizziness and headache; Lisinopril 20-12.5 mg	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	CTA of head and neck to rule out aneurysms, vestibular insufficiency because of dizziness; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Numbness in hands and top of feet burning pain in bottom of his feet, wrist pain, dizziness, and abnormal gait. History of AV malformation with ruptured vessel in spinal cord; gabapentin 100MG in am , 300mg in pm. and Valium 2mg one tab prn dizziness.	1

Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Elevated opening pressure on lumbar puncture done on 8/3/16. Given her headaches, papilledema, and elevated pressure we need to rule out venous thrombosis. Recurrent stroke seen on brain MRI done 7/15/16 - need to rule out carotid dissection, aneurysm, or; This study is being ordered for a neurological disorder.; 07/11/2016; There has been treatment or conservative therapy.; Recurrent strokes; Headaches; Papilledema/increased intracranial pressure - blurred vision, visual field cut. ; Bilateral pulsatile tinnitus; Medications for headaches/tinnitus; therapeutic lumbar puncture (which revealed an elevated opening pressure)	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Embollic CVA; This study is being ordered for a neurological disorder.; March, 2016; There has been treatment or conservative therapy.; facial numbness, i.e. left nasal and lips, headache; Echocardiogram; 24-hr holter monitor	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	None; This study is being ordered for a neurological disorder.; 06/01/2016; There has not been any treatment or conservative therapy.; Syncopathy	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Patient has a long history with migraines with acute changes in mental status. Whether or not we are dealing with cerebritis, viral infection. Whether or not there is the possibility of partial seizures. At this point in time, whether or not something str; This study is being ordered for a neurological disorder.; 6/25/2016; There has been treatment or conservative therapy.; ringing in ears, slurred speech, confusion, migraines; MRI, CT, pain medication, LP,	1

Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Patient has hypercholesterolemia. Family history of CAD in his father; This study is being ordered for Vascular Disease.; August 2016; There has been treatment or conservative therapy.; Dizziness, cognitive impairment; Aspirin Therapy	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Patient was admitted into hospital for 2 days with TIA symptoms. With negative CT, negative MRI, and negative carotid Doppler. But patient is still having left sided weakness, dizziness, and slurred speech at times.; This study is being ordered for a neurological disorder.; 6/8/2016; There has been treatment or conservative therapy.; Dizziness, left hand, arm and leg weakness. Left hand and arm numbness. Slurred speech.; Patient has been on Plavix since the initial onset.	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	patient with history of TIA/CVA since age 15, MRI in 2010 showed old infarcts. MRA in 2010 showed atherosclerotic plugging in the cavernous portions of the ICA's causing narrowing.; This study is being ordered for a neurological disorder.; Patient has history of stroke since age 15.; There has been treatment or conservative therapy.; Left sided numbness and weakness; Headaches increasing in severity and frequency; blurred vision; ringing in both ears; MRI brain 2010; MRA Head 2010; Currently on ASA 325mg daily	1

Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Patient with worsening headaches. A recent CT head W/WO showed an aneurysm of the anterior communicating artery. Need MRI brain and CTA head/neck for further evaluation. The patient is being referred to an interventional radiologist regarding the aneurysm; This study is being ordered for Vascular Disease.; Worsening headaches for 6-8 weeks; There has been treatment or conservative therapy.; Patient with worsening headaches - increased in frequency and severity. A recent CT head W/WO showed an aneurysm of the anterior communicating artery.; medications for headache including prescription and over the counter. A CT head was also ordered and it showed a probable aneurysm	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	severe right temporal pain running down to her neck.; This study is being ordered for a neurological disorder.; 05/14/16; There has been treatment or conservative therapy.; severe headaches, difficulty walking and speaking; amitriptyline and gabapentin	1

Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	<p>Small, faint, punctate white matter changes appear rather nonspecific. These may be due to migraine and smoking but in light of a strong family history of MS and personal history of neurologic deficits further evaluation for MS is 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.; Chief complaint: "migraine, TIAs". She also has abnormal brain MRI, intermittent facial palsy, and right face and arm sensory changes for two months.; There has been treatment or conservative therapy.; ; Medication Name&#x0D; Sig Desc&#x0D; Start Date&#x0D; Stop Date&#x0D; gabapentin 600 mg tablet&#x0D; take 1 (600mg) tablet every day&#x0D; 06/30/2016&#x0D; &#x0D; Topamax 50 mg tablet&#x0D; take 1 tablet by oral route 2 times every day&#x0D; 06/30/2016&#x0D; 07/01/2016&#x0D; Synthroid 175 mcg tablet&#x0D; take 1 tablet</p>	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	<p>To complete her workup, will send for a CTA of her head and neck to especially assess the circulation of the posterior region. She is already on an aspirin and this will be continued. Will also recheck an EEG. I would like to start her on Topiramate. Will; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Headaches, Dizzy, unable to communicate, blurred vision, problems with her balance and speech; Elavil 50 mg h.s. and Metoprolol. Keppra 1500 b.i.d and Lamictal up to 50 mg b.i.d. and Aspirin. Topiramate and Qudexy samples</p>	1

Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Unknown.; This study is being ordered for a neurological disorder.; June 26, 2014; There has been treatment or conservative therapy.; this is a follow up exam in observance of the carotid artery aneurysm; Patient has been on Plavix and Statin therapy / medications.	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	unknown.; This study is being ordered for a neurological disorder.; patient has an ongoing history of migraine headaches. they are just becoming worse with more frequency and worsening symptoms; There has been treatment or conservative therapy.; head and neck pain, blurred vision, nausea and vomiting; patient has been on oral medications for migraines	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	unknown; This study is being ordered for Vascular Disease.; 2014; There has been treatment or conservative therapy.; dizziness;; cardiologist, neurologist,	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the brain.	9
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 6 months ago; There has been treatment or conservative therapy.; headaches; Primary care doctor	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	; 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/NONCON TRAST	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	; This study is being ordered for a neurological disorder.; 08/31/2016; There has been treatment or conservative therapy.; headache, speech disturbance;	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	A noncontract brain MRI showed small vessel ischemic disease. I will send her back for a Brain MRI w/wo to rule out tumor or demyelination. We will also send her for a CT of the Neck and chest/abdomen/pelvis to rule out an underlying malignancy. CTA 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.; Two Months ago; It is not known if there has been any treatment or conservative therapy.; New onset headaches, Mirgraine, without aura, intractable, new onset dizziness/vertigo and New onset bilateral tinnitus	1

Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	An MRI in August of last year showed Mild to moderate chronic small vessel ischemic changes in the supratentorial deep white matter with mild similar changes in the pons. Could be chronic ischemic disease but demyelination cannot be completely ruled out.; This study is 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 TO 3 Years ago; There has been treatment or conservative therapy.; headaches, nausea, phonophobia, photophobia, scintillations, scotoma and vomiting.; Topamax 25mg BID titrating up to 100mg BID over the next few weeks. Continue ASA for stroke prophylaxis	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Cerebrovascular disease, vertebrobasilar TIA, Strong family history of aneurysm; This study is being ordered for Vascular Disease.; 04/28/2016; There has been treatment or conservative therapy.; Dizziness and headache; Lisinopril 20-12.5 mg	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	CTA of head and neck to rule out aneurysms, vestibular insufficiency because of dizziness; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Numbness in hands and top of feet burning pain in bottom of his feet, wrist pain, dizziness, and abnormal gait. History of AV malformation with ruptured vessel in spinal cord; gabapentin 100MG in am , 300mg in pm. and Valium 2mg one tab prn dizziness.	1

Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Embolic CVA; This study is being ordered for a neurological disorder.; March, 2016; There has been treatment or conservative therapy.; facial numbness, i.e. left nasal and lips, headache; Echocardiogram; 24-hr holter monitor	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	None; This study is being ordered for a neurological disorder.; 06/01/2016; There has not been any treatment or conservative therapy.; Syncopathy	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Patient has a long history with migraines with acute changes in mental status. Whether or not we are dealing with cerebritis, viral infection. Whether or not there is the possibility of partial seizures. At this point in time, whether or not something str; This study is being ordered for a neurological disorder.; 6/25/2016; There has been treatment or conservative therapy.; ringing in ears, slurred speech, confusion, migraines; MRI, CT, pain medication, LP,	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Patient has hypercholesterolemia. Family history of CAD in his father; This study is being ordered for Vascular Disease.; August 2016; There has been treatment or conservative therapy.; Dizziness, cognitive impairment; Aspirin Therapy	1

Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Patient was admitted into hospital for 2 days with TIA symptoms. With negative CT, negative MRI, and negative carotid Doppler. But patient is still having left sided weakness, dizziness, and slurred speech at times.; This study is being ordered for a neurological disorder.; 6/8/2016; There has been treatment or conservative therapy.; Dizziness, left hand, arm and leg weakness. Left hand and arm numbness. Slurred speech.; Patient has been on Plavix since the initial onset.	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	patient with history of TIA/CVA since age 15, MRI in 2010 showed old infarcts. MRA in 2010 showed atherosclerotic plugging in the cavernous portions of the ICA's causing narrowing.; This study is being ordered for a neurological disorder.; Patient has history of stroke since age 15.; There has been treatment or conservative therapy.; Left sided numbness and weakness; Headaches increasing in severity and frequency; blurred vision; ringing in both ears; MRI brain 2010; MRA Head 2010; Currently on ASA 325mg daily	1

Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Small, faint, punctate white matter changes appear rather nonspecific. These may be due to migraine and smoking but in light of a strong family history of MS and personal history of neurologic deficits further evaluation for MS is 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.; Chief complaint: "migraine, TIAs". She also has abnormal brain MRI, intermittent facial palsy, and right face and arm sensory changes for two months.; There has been treatment or conservative therapy.; ; Medication Name Sig Desc Start Date Stop Date gabapentin 600 mg tablet take 1 (600mg) tablet every day 06/30/2016  Topamax 50 mg tablet take 1 tablet by oral route 2 times every day 06/30/2016 07/01/2016 Synthroid 175 mcg tablet take 1 tablet	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	To complete her workup, will send for a CTA of her head and neck to especially assess the circulation of the posterior region. She is already on an aspirin and this will be continued. Will also recheck an EEG. I would like to start her on Topiramate. Will; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Headaches, Dizzy, unable to communicate, blurred vision, problems with her balance and speech; Elavil 50 mg h.s. and Metoprolol. Keppra 1500 b.i.d and Lamictal up to 50 mg b.i.d. and Aspirin. Topiramate and Qudexy samples	1

Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Unknown.; This study is being ordered for a neurological disorder.; June 26, 2014; There has been treatment or conservative therapy.; this is a follow up exam in observance of the carotid artery aneurysm; Patient has been on Plavix and Statin therapy / medications.	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	unknown.; This study is being ordered for a neurological disorder.; patient has an ongoing history of migraine headaches. they are just becoming worse with more frequency and worsening symptoms; There has been treatment or conservative therapy.; head and neck pain, blurred vision, nausea and vomiting; patient has been on oral medications for migraines	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	unknown; This study is being ordered for Vascular Disease.; 2014; There has been treatment or conservative therapy.; dizziness;; cardiologist, neurologist,	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the Neck.	2
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	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 5 yrs ago; There has been treatment or conservative therapy.; tremor that is getting worst; medication	1
Neurology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	1

Neurology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	New intractable headaches, occipital tenderness, changes in vision; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/01/2015; There has been treatment or conservative therapy.; Occipital head pain and tenderness, vision changes; Trokendi 25mg; Topirimate 100mg	1
Neurology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	RULE OUT LESIONS; This study is being ordered for a neurological disorder.; 3/22/2016; There has not been any treatment or conservative therapy.; HEADACHES, PRIMARILY ON THE LEFT-SIDE, POUNDING IN CHARACTER, PHOTOPHOBIA, VISUAL BLURRING	1
Neurology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	1
Neurology	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
Neurology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	2

Neurology	Approval	70544 Mr angiography head w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	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.; 07/13/2016; There has been treatment or conservative therapy.; severe head ache, syncope family history of aneurysms; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >;	1
Neurology	Approval	70544 Mr angiography head w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/13/13; There has been treatment or conservative therapy.; HA /visual field deficits; medication	1

Neurology	Approval	70544 Mr angiography head w/o dye	He has been having trouble sleeping because of the headaches. He has a history of factor V Leiden. Tension headaches and migraines. He has been started on nortriptyline 25mg QHS and has seen a slight improvement. I have asked him to increase his dose to 5; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 to 3 months ago; There has been treatment or conservative therapy.; Headaches that radiation to neck, upon awakening, nausea, phonophobia, photophobia, vomiting. vertigo, vision loss left, vision loss right and visual aura.; Nortriptyline 25mg QHS	1
Neurology	Approval	70544 Mr angiography head w/o dye	Patient needs a repeat MRI Brain to ensure stability of her stroke and noted meningocele. Will also perform MRA brain instead of CTA. Patient encouraged to stay hydrated for testing and will help reduce her risk of reoccurring stroke; This study is being ordered for a neurological disorder.; July 2016; There has been treatment or conservative therapy.; Left visual field deficit, History of pseudotumor cerebri for several years, Stroke in July of this year,; ASA 325 mg Daily and Diamox 250 mg 2 weeks ago	1
Neurology	Approval	70544 Mr angiography head w/o dye	RULE OUT LESIONS; This study is being ordered for a neurological disorder.; 3/22/2016; There has not been any treatment or conservative therapy.; HEADACHES, PRIMARILY ON THE LEFT-SIDE, POUNDING IN CHARACTER, PHOTOPHOBIA, VISUAL BLURRING	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 been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	1
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.	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 not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	4
Neurology	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	1
Neurology	Approval	70544 Mr angiography head w/o dye	This is a request for a head and neck MR Angiogram.; There is 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 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
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 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	70544 Mr angiography head w/o dye	<p>this may likely represent benign intracranial hypertension or pseudotumor cerebri. At this point I want to start by getting an MRI of the brain along with an MRV of the head. Provided there is occupying lesion we will proceed with a lumbar puncture with ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2-3 years ago; There has been treatment or conservative therapy.; She reports a retro-orbital headache all day every day. She describes it as pressure. She does have increase in headache pain with straining or coughing. phonophobia. Plus or minus nausea. She denies any vision changes other than some temporary tunnel ; patient has seen and been followed by my ENT. Tried at least 3 medications with no improvement.</p>	1
Neurology	Approval	70544 Mr angiography head w/o dye	<p>unknown; This study is being ordered for a neurological disorder.; around 8/2/16; There has not been any treatment or conservative therapy.; Pt has syncope, headaches occurring 2-3 times a week, pain that radiates to bi temporal area and jaw, photophobia and phonophobia, throbbing, sees spots, nausea, longest gone w/out a headache is 12 hours. Pt was found by husband unconscious and had trouble</p>	1

Neurology	Approval	70547 Mr angiography neck w/o dye	previous stroke, known right carotid stenosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/01/2015; There has been treatment or conservative therapy.; confusion, memory loss; Daily Aspirin 81mg	1
Neurology	Approval	70547 Mr angiography neck w/o dye	The patient has had a recent MRI or CT for these symptoms.; This is a request for a Neck MR Angiography.	1
Neurology	Approval	70547 Mr angiography neck w/o dye	The patient has not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Neck MR Angiography.	3
Neurology	Approval	70547 Mr angiography neck w/o dye	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 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
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	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
Neurology	Approval	70547 Mr angiography neck w/o dye	This is a request for a Neck MR Angiography.; The patient had an ultrasound (doppler) of the neck or carotid arteries.; The ultrasound showed stenosis (narrowing) of the artery.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		12
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.; 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

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.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	< 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
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.	3

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.	2
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	< 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 fatigue or malaise.	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.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	< 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
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 metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	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.; 02/2015; There has been treatment or conservative therapy.; problems with concentration, focus, memory, blurry vision, weakness, numbness; infusion therapy, and 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 a neurological disorder.; 07/12/2016; There has been treatment or conservative therapy.; seizures, numbness; 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 a neurological disorder.; 07/13/2016; There has been treatment or conservative therapy.; severe head ache, syncope family history of aneurysms; < Describe treatment / conservative therapy 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 a neurological disorder.; 12/2015; It is not known if there has been any treatment or conservative therapy.; mbr has burning and weakness in legs and is unable to walk also unable to hold urine also back pain	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.; 15 years; It is not known if there has been any treatment or conservative therapy.; pain spasms in his lower extremity , dizzy spells and vertigo	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.; 2/17/2016; There has been treatment or conservative therapy.; ms; medication	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.; 20 years ago; There has been treatment or conservative therapy.; Pt suffers with sensory level T-10 injury; wheel chair bound; severe muscle atrophy;; unknown	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; vision issues lost in right eye; 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 a neurological disorder.; 4-5 months ago; There has been treatment or conservative therapy.; cervical spine- neck pain, numbness tingling in left are worst with use, brain mri- worsening headache since 2015; medication inflammatory- muscle spasms	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 5 yrs ago; There has been treatment or conservative therapy.; tremor that is getting worst; medication	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.; 6 months ago; There has been treatment or conservative therapy.; headaches; Primary care doctor	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.; 7/8/16; There has not been any treatment or conservative therapy.; <loss of vision, ct head showed he had a infarct	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.; 8/10/2016; There has been treatment or conservative therapy.; left leg weakness, electrical pain throughout leg, foggy and blurred vision; copaxone	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.; Over a year ago; There has been treatment or conservative therapy.; Follow up same symptoms; Been on meds having issues with meds.	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 Inflammatory/ Infectious Disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; migraines	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.; 07/01/2016; There has not been any treatment or conservative therapy.; The patient has chronic back pain, headaches & severe pain	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.; 2015; There has been treatment or conservative therapy.; syncope, dizziness, light headed, ringing in his ears, seizures.; Keppra meds,	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.; 7/13/13; There has been treatment or conservative therapy.; HA /visual field deficits; medication	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 not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	3
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient 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 Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; It is not known if there are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1

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, 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
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.; ; There has been treatment or conservative therapy.;;	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; new onset coarse tremor on the left hand. Differentials include essential tremor, basal ganglia lesion from ischemia or demyelination - cervical spinal cord lesion, possible due to B12 deficiency versus ischemia versus autoimmune etiology; continue B12 injections 1000 mcg qmonthly -continue B6 25 mg daily (OTC) - will recheck B6 and B12 levels next visit -continue aspirin 325 mg daily for secondary stroke prevention	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 1999 DIAGNOSED; There has been treatment or conservative therapy.; History of Present Illness: 1. Multiple Sclerosis; Diagnosed in 1999. Was on Copaxone for 11 years and developed a tremor and bad anxiety and stopped it about 2 yrs ago. Has taken nothing since. Presented with dizziness, dysarthria, and vision iss; History of Present Illness: 1. Multiple Sclerosis & Diagnosed in 1999. Was on Copaxone for 11 years and developed a tremor and bad anxiety and stopped it about 2 yrs ago. Has taken nothing since. Presented with dizziness, dysarthria, and vision iss	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Approx 1 year ago. 9/13/2015; There has not been any treatment or conservative therapy.;	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; approximately 2 months ago; There has not been any treatment or conservative therapy.; Progressive left sided weakness with difficulty walking, urinary urgency, left sided hyperreflexia	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for Vascular Disease.; 3/2016; There has been treatment or conservative therapy.; TIA like symptoms, left sided numbness of arms and legs, syncope, disorientation; memory change, patient feels like she is in a fog. Patient has had confusion, could not get the right words to come out. Excessive sweating. Patient also has migraines.; Patient has had and ECHO 7/18/2016. Stress Test 7/21/2016. Tilt Table Test and an EP Study 8/4/2016. Also had a PFO bubble study. Patient has had lab work drawn. Patient is also pending a sleep study.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for Vascular Disease.; Aug 8, 2016; There has been treatment or conservative therapy.; headache, left side numbness, weakness; ASA	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1. *ms; The patient returns for her MS. She continues to complain of low back pain radiating into her left leg with some feeling of left leg weakness. She has already had physical therapy and chiropractic, which has not been helpful. She is in the p; This study is being ordered for a neurological disorder.; 2012; There has been treatment or conservative therapy.; 1. *ms; The patient returns for her MS. She continues to complain of low back pain radiating into her left leg with some feeling of left leg weakness. She has already had physical therapy and chiropractic, which has not been helpful. She is in the p; MS MEDS	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>55/M coming in for evaluation for tremor. On exam, there is no appreciable tremor but he does have multiple features of Parkinsonism, including dec blink, bradykinesia, mild rigidity and cogwheeling on the R arm. Given his young age, will request MRI brai; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	A noncontrast brain MRI showed small vessel ischemic disease. I will send her back for a brain MRI w/wo to rule out tumor or demyelination. We will also send her for a CT of the neck and chest/abdomen/pelvis to rule out an underlying malignancy. CTA head/; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; 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	abnormal CT of head showing tumor on pituitary gland. Needs future 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 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	Abnormal MRI and severe trembling episodes.; This study is being ordered for a neurological disorder.; 07/16; There has been treatment or conservative therapy.; Dizzy and vertiginous, becomes very hot and "sweat through her shirt", couldn't speak for ten to twelve minutes, becomes stiff and will shake for ten to twenty seconds, bad headache, slurred speech and tachycardia.; MRI and aspirin	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	An MRI in August of last year showed Mild to moderate chronic small vessel ischemic changes in the supratentorial deep white matter with mild similar changes in the pons. Could be chronic ischemic disease but demyelination cannot be completely ruled out.; This study is 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 TO 3 Years ago; There has been treatment or conservative therapy.; headaches, nausea, phonophobia, photophobia, scintillations, scotoma and vomiting.; Topamax 25mg BID titrating up to 100mg BID over the next few weeks. Continue ASA for stroke prophylaxis	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Anosmia. 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; A metabolic work up was done including urinalysis, electrolytes and complete blood count with results completed.; The lab results were normal.; The patient is experiencing loss of smell.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	ataxia  hold Copaxone for 2 months check MRI of brain and cervical spine for any new lesions; This study is being ordered for a neurological disorder.; Patient diagnosed with Multiple Sclerosis 2006 - Currently on Copaxone - now experiencing some side effects, will hold for two months. Check MRI of cervical spine and brain - to check for new lesions. Mild ataxia noted.; There has been treatment or conservative therapy.; ataxia; Copaxone injections 40mg/ml	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Atypical Parkinson's Disease, Abnormal gait, Dysarthria; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	cervical spine MRI for possible myelopathy /radiculopathy; This study is being ordered for Vascular Disease.; june 22,2015; There has been treatment or conservative therapy.; right foot numbness, progressed all the way up R side of his body face and jaw; asa and plavix	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Chris Rose is a 54 year old female who comes in today for follow up on her neuropathy. She doesn't feel as though she has been doing well. She continues to have neuropathic pain in her feet and legs. She also reports a few syncopal episode and says that h; This study is being ordered for a neurological disorder.; Unknownn; It is not known if there has been any treatment or conservative therapy.; Neuropathic pain , falls, few syncopal episode	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	cognitive dysfunction not otherwise neuropsychic testing suggest early onset dementia. MOCA Score in the office today was consistent with early cognitive dysfunction. Clinical exam unremarkable for focality.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	Confusion (R41.0). Episode of confusion last fall, with memory issues ever since. We would certainly be suspicious for a stroke back then, and he has risk factors of hypertension and smoking. Their description of his face being red and a vein pulsing i; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	DIPLOPIA,DIZZINESS,TINNITUS,EYES JUMPING,FWLL 15 FT,DIPLOPIA WITH LATERAL GAZE BILAT.,EXAM SHOWS DIRECTION SWITCHING LATERAL NYSTAGMUS; 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 an aneurysm.; This study is being ordered for neurological deficits.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Discussed with the patient that I felt her headaches are primarily probably from her neck or occipital neuralgia. Will start her on a dose of Elavil 25mg. on a slow titrating dose until on 75mg. h.s. Will repeat an MRI of her brain with and without contra; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/2015; There has been treatment or conservative therapy.; History of stroke, Headaches, lot of pain in her neck, Occasionally dizziness, weakness and clumsiness over the left side of her previous stroke.; physical Therapy, Elavil 25mg, Neurontin, Gemfibrozil, Metformin, Plavix, Mobic, Simvastatin, citalopram,	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Dizziness he describes it as generalized sense of instability when upright and moving about. He has not experienced frank vertigo nor does he complain of oscillopsia. He never had a direct head trauma although did experience a fall about 3 years ago which ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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

Dizziness onset was 1 year ago. It occurs occasionally. The patient describes it as an imbalance and spinning. It occurs spontaneously. Denies aggravating factors. Associated symptoms include headache, hearing loss otalgia and tinnitus. Will send him for ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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

dr. has ordered these as STAT to get to the root of her problem and request to see her again in the morning.; This study is being ordered for a neurological disorder.; Date of initial onset: date of initial dx (multiple sclerosis) unknown.new symptoms have arrised since july 2016.having difficulty with balance/gait.Weakness in left leg and pain in back. Chills and sweats w/o fever. worsening migraines. numbness tingling; There has been treatment or conservative therapy.; Date of initial onset: Date of initial onset: date of initial dx (multiple sclerosis) unknown.new symptoms have arrised since july 2016.having difficulty with balance/gait.Weakness in left leg and pain in back. Chills and sweats w/o fever. worsening migra; Glatopa (generic copaxone)-allergic.-n/v and perioral numbness. copaxone-2014-to present

1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Due to patient worsening headaches over the past few months and due to her complaints of visual disturbances in her right eye, she will be sent for an MRI of the brain with and without contrast. Will also repeat an MRI of her cervical spine. Last image t; This study is being ordered for a neurological disorder.; History of chronic migraine and neck pain; There has been treatment or conservative therapy.; Headaches and neck pain, and occipital neuralgia, pain over the right side of her neck into the base of her head and scalp which radiates pain behind her right eye. Persistent with occasional blurred vision. Occasionally she has some numbness over the left; Pain Management , nerve blocks and trigger point injections. Topamax 100mg in the morning and 200mg in the evening along with Maxalt. Verapamil SR 120mg. h.s.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Exertion consistently causes him to have a headache. Bilateral vertex area. Describes a throbbing pain. Laying down seems to help the headache to some degree.; This request 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	facial pain, electrical sensation in face and nose; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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, with dizziness and previse abnormal MRI.; 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	having 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

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	He has been having trouble sleeping because of the headaches. He has a history of factor V Leiden. Tension headaches and migraines. He has been started on nortriptyline 25mg QHS and has seen a slight improvement. I have asked him to increase his dose to 5; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 to 3 months ago; There has been treatment or conservative therapy.; Headaches that radiation to neck, upon awakening, nausea, phonophobia, photophobia, vomiting. vertigo, vision loss left, vision loss right and visual aura.; Nortriptyline 25mg QHS	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	He is currently stable on Tysabri and Ampyra. Will continue both. He is JCV negative. Continue Baclofen 5-10mg TID as it seems to be working well. His last MRI in December were stable. We will repeat them in August of this year to monitor for disease prog; This study is 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.; Gait Disturbance; 5 Infusions, Tysabri, Ampyra	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Headache occurs daily, The problem is worse. There is radiation to neck. The patient describes it as pressure. Timing of headaches upon awakening. Associated symptoms include dizziness, nausea, phonophobia, photophobia, vertigo and vomiting. With the chro; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	headaches started in 2014, 1 headache a week which last for 2 days, sensitive to light,; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	headaches, dizziness, numbness, tingling, confusion, memory loss, slurring of speech, difficulty with walking; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Headaches, Syncope. Onset: 10 years ago. Severity: moderate-severe. It occurs daily. The problem is unchanged. Location is entire head. There is no radiation. The patient describes it as throbbing. Context: History of migraine. Denies aggravating factors.; This request 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	Hereditary and idiopathic neuropathy, unspecified (G60.9). we will follow along with her neuropathy, we are rechecking her brain MRI in August. she had another spell of arms heaviness, went to the ER locally and was told it was not her heart, I have sugg; This study is being ordered for a neurological disorder.; March 15, 2016; There has been treatment or conservative therapy.; . abnormal reflex   2. repeated falls  3. disturbances of skin sensation  The symptoms are reported as being severe. The symptoms occur randomly. The location is arms. Aggravating factors include unknown. Relieving factors include no meds. She stat; methocarbamol 500 mg tablet 1 tid prn muscle spasms 11/23/2015   N ibuprofen 800 mg tablet take 1 tablet by oral route 3 times every day with food 02/01/2016   N	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	His exam findings and history of urinary urgency/incontinence raise the concern for possible cervical myelopathy vs demyelination.; This study is being ordered for a neurological disorder.; headaches 15 years ago, and neck pain 3 years ago; There has been treatment or conservative therapy.; Headaches, Throbbing. Aggravated by bright lights and noise. Associated symptoms include nausea, phonophobia, photophobia, and vomiting. Neck pain, Symptoms are aggravated by daily activities. Associated symptoms include bladder incontinence, bladder retention; Trial of nortriptyline 25mg QHS. PRN Indomethacin, He also tried Tramadol, Fioricet, APAP, and Ibuprofen	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	History of painful paresthesias in her arms and legs and irregular, involuntary movements her for her annual follow up. She states her symptoms are about the same, Her last MRI 12/1/14 at St Vincent in HS noted non specific White matter lesions in the front; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>History of Present Illness: 1. Seizures; Onset was 2 years ago. The type of seizure is primary generalized. Associated symptoms include urinary incontinence. Additional information: has had 3 total seizures in last two years. Tolerating Keppra, so; This study is being ordered for a neurological disorder.; 2 YEARS AGO; There has been treatment or conservative therapy.; History of Present Illness: 1. Seizures; Onset was 2 years ago. The type of seizure is primary generalized. Associated symptoms include urinary incontinence. Additional information: has had 3 total seizures in last two years. Tolerating Keppra, so; History of Present Illness: 1. Seizures; Onset was 2 years ago. The type of seizure is primary generalized. Associated symptoms include urinary incontinence. Additional information: has had 3 total seizures in last two years. Tolerating Keppra, so</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>HISTORY OF RECURRENT EPISODES. INCLUDES PALPITATIONS ANXIETY TINGLING IN HANDS AND LIGHTHEADED. HAD NEGATIVE CT SCAN.; 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	I would like to send her for an MRI Brain with and without contrast to rule out possible demyelinating process such as Multiple Sclerosis. I will also get an MRI Cervical and Thoracic Spine with and without contrast for further diagnostic evaluation of th; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; numbness all over her body, Neck and back pain as well as occasionally feeling confused and foggy. Occasional headaches; Gabapentin 200 mg TID	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Kelley Delargy is a 40 year old female who comes in today with several complaints. She sustained a back injury in 2009 and since then has had chronic back pain and radicular pain in both legs. Over the past couple of months she has developed increased pai; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Leslie Johnson is a 43 year old female who comes in today for migraines. she has suffered form migraines for 2-3 years but they have worsened in frequency/severity over the past few months. They typically occur 2-3 years but they have worsened in frequenc; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; past few months.; There has been treatment or conservative therapy.; Migraines. pain starts at the top of her neck and radiates forward bitemporally. sharp throbbing pain that waxes and wanes in severity. nausea, photophobia, phonophobia. Neck pain; Relpax, Imitrex and Tizanidine. She has tried OTC meds Topamax in the past without any relief. PRN Tizanidine hasn't helped her neck pain. A course of physical therapy did not help her symptoms either.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	memory loss, fatigue, recurrent concussions.; 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	Memory loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Migraine w/o aura (G43.009). She is a candidate for Botox because she does meet criteria for chronic migraine. She will remain on her gabapentin 600 mg by mouth 3 times a day. She will also require an MRI brain scan to rule out structural abnormalities; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MRI EVALUATE  1 YEAR FOLLOW UP FOR MS STILL HAS BALANCE AND SPEECH ISSUES.LAST MRI 08/2015; This study is being ordered for Inflammatory/ Infectious Disease.; 07/21/2014; There has been treatment or conservative therapy.; THIS IS A YEARLY FOLLOW UP MRI TO EVALUATE TREATMENT FOR MS. Multiple Sclerosis  RRMS. Tolerating copaxone 40mg tid for about 2 yrs. Avonex remote past, then off for 8 yrs. No side effects. No new gait changes. No new bladder changes. No fatigue. Last; Medications:04/06/2016 COPAXONE, // CALCIUM 500 + VITAMIN D, 03/20/2012 LIPITOR, 03/20/2012 TIROSINT, // MULTIVITAMINS, // CALCIO DEL MAR, // FISH OIL Duration of Medications: 1. Multiple Sclerosis  RRMS. Tolerating copaxone 40mg tid for about	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Ms Tidwell returns for follow up. She was worked up for MS in the hospital and work up was negative. She was initially treated for stroke. She has 2 spots in her spinal cord of unknown etiology. NMO antibodies were not checked. Her ANA was positive She ha; This study is being ordered for a neurological disorder.; Unknown; There has not been any treatment or conservative therapy.; Blurred vision	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Ms. Barron is a 28 y/o female with history of asthma that was referred here for evaluation of headaches. She states she has 2-3 headaches weekly. They are occipital and frontal in nature. She is positive for nausea, dizziness, photo and phono phobia. She ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Ms. Carolyn Yancey is now 58 year old right handed African American female who has been referred to me for evaluation and management of seizure-like spells since 2015. The most recent episode has occurred in March 2016 where she briefly last awareness of ; 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	Ms. Markesha Lee is now 38 year old right handed African American female who has been referred to me for evaluation and management of headaches that have bothered her since 2006. It would usually start over the suboccipital region radiating down to involv; This request 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	n/a; This study is being ordered for a neurological disorder.; 2008; There has been treatment or conservative therapy.; Weakness to the extremities.; Medications	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	New intractable headaches, occipital tenderness, changes in vision; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/01/2015; There has been treatment or conservative therapy.; Occipital head pain and tenderness, vision changes; Trokendi 25mg; Topirimate 100mg	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	New syncope episodes and blurry vision along with worsening headaches and migraines. Need to rule out intracranial hypertension; This request 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	None; This study is being ordered for a neurological disorder.; 11/2014; There has been treatment or conservative therapy.; Numbness tingling sensations constant pain increasing falls and balance problems migraines; Rx medication	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	not sure what is causing the disturbance in in her sense of smell. I would like to rule out intracranial pathology, in the last 2-3 weeks she has been having abnormal sense of smell, also had 2-3 episodes of nausea and vomiting; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	numbness and tingling in his right foot and left hand. muscle spasms to his left arm and right leg. Left arm muscle spasms cause his arm to draw to his chest. He reports right upper leg fasciculations.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	Numbness which began in toes only, has progressed to just below the knees bilaterally.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Numbness	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient appears to have fairly sever Parkinson's disease.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient get scan every year for multiple liason and headaches.; This study is being ordered for a neurological disorder.; 2003; There has been treatment or conservative therapy.; patient is having ms symptoms; patient has been taken m edication	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient had 3 spells that lasted 4-5 hours of slurred speech, weakness, talking but not making sense. Patient also has no memory of the spells. Then 2 days later same spell that lasted 2-3. Patient has no short term memory, cant even keep up with current ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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.
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient had seizure like activity. Fainting spell, lightheadedness. Patient blacked out his head and shoulders started to shake and lasted 30-45 seconds, fell to the ground then woke up. Patient has no memory of spell. After he came to he felt 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
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has been having headaches ever since she gave birth. Headache starts in cheek bone then around eye, then goes to back of neck. Sensitive to light and sound. But recently headaches have gotten progressively 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

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Patient headaches are interesting in that they are virtually always encountered on awakening over the weekends either Saturday or Sunday morning. She rarely has a headache during the week. At this point she is averaging 1 bad headache a week and this has ; 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).</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Patient is having short term and long term forgetfulness. Having a lot of issues with her thinking process. Doesn't understand things when someone is talking to her. Also has a hard time with word findings. She is thinking of the right word to say but it ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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	patient is needing imaging to determine the severity of her current MS relapse.; This study is being ordered for a neurological disorder.; patient is having an acute relapse.; There has been treatment or conservative therapy.; Relapse of MS.; patient is currently on Tecfidera for her MS. She is having an acute relapse.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient needs a repeat MRI Brain to ensure stability of her stroke and noted meningocele. Will also perform MRA brain instead of CTA. Patient encouraged to stay hydrated for testing and will help reduce her risk of reoccurring stroke; This study is being ordered for a neurological disorder.; July 2016; There has been treatment or conservative therapy.; Left visual field deficit, History of pseudotumor cerebri for several years, Stroke in July of this year,; ASA 325 mg Daily and Diamox 250 mg 2 weeks ago	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient presents to the clinic today for evaluation and treatment of seizures. He reports that these seizures started three years ago. He has previously been treated by Dr. Highsmith. He is currently taking Dilantin 300 mg BID and denies any side effect f; 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

Patient presents to the clinic today for evaluation and treatment of tremors. She reports that she had her thyroid removed in 2015 and has been experiencing these tremors since. She does however report that it occurs about once a month. She also complains; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.

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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient return to clinic today having been last seen on June 27, 2016. She was complaining of memory loss and had completed neuropsychiatric testing through the Walker Institution at UAMS. We did not have those records at this time. This is a woman who ha; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	Patient with new onset seizures and increasing headaches; 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	Patient with relapsing-remitting multiple sclerosis. NO imaging in the past 2-3 years. Complains of increased balance problems, fatigue, and weakness. MRIs needed to look for active demyelination; This study is being ordered for a neurological disorder.; DIAGNOSED WITH MS 13 YEARS AGO; BALANCE PROBLEMS AND ATAXIA NEW AND WORSENING FOR 2-3 MONTHS; There has been treatment or conservative therapy.; ataxia, balance problems, fatigue, paresthesias, weakness; Previously treated with disease modifying therapies and IV steroids	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient with worsening headaches. A recent CT head W/WO showed an aneurysm of the anterior communicating artery. Need MRI brain and CTA head/neck for further evaluation. The patient is being referred to an interventional radiologist regarding the aneurysm; This study is being ordered for Vascular Disease.; Worsening headaches for 6-8 weeks; There has been treatment or conservative therapy.; Patient with worsening headaches - increased in frequency and severity. A recent CT head W/WO showed an aneurysm of the anterior communicating artery.; medications for headache including prescription and over the counter. A CT head was also ordered and it showed a probable aneurysm	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Pituitary appears mildly prominent however may be normal for age. There is mild deviation of the infundibulum to the right of midline. Correlate with laboratory/hormone levels. Dedicated dynamic MRI of the pituitary gland could be done to further evaluate; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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>Presents today for follow up of facial numbness. It is the same. It is mild and is located on the bilateral face and occurs intermittently, he has not found any relieving factors. He also has noticed he has some episodes of blurry vision that occurs inter; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Facial Numbness, Episodes of blurry vision. Vertigo, Headaches, Sporadic numbness and leg weakness. Abnormal Mri.; Aspirin 81 mg daily, Add B12 daily,</p>	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	previous stroke, known right carotid stenosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/01/2015; There has been treatment or conservative therapy.; confusion, memory loss; Daily Aspirin 81mg	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt does have frequent headaches and anorexic; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt had previous abnormal MRI with radiology suggestion of repeat MRI; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt has presumed muscular dystrophy with progressive ataxia, weakness, and severe neuropathy; This request is for a Brain MRI; The study is NOT 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
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt having seizures; 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	Pt is having memory loss and difficulty to getting words out is becoming more frequent, she has been diagnosed with Guilliam varra; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	R/O demyelinating disease, MS; This study is being ordered for a neurological disorder.; 01-20-2016; There has been treatment or conservative therapy.; Difficulty walking, slurred speech, numbness and tingling in upper extremities, patient had a Stroke, abnormal gait; PT, medications, EMG	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Recent difficulties with attention, concentration, executive function and forgetfulness; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing fatigue or malaise.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Right side of neck and tongue pain. Possible neck-tongue syndrome but other causes need to be ruled out with 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; The condition is not associated with headache, blurred or 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	RULE OUT LESIONS; This study is being ordered for a neurological disorder.; 3/22/2016; There has not been any treatment or conservative therapy.; HEADACHES, PRIMARILY ON THE LEFT-SIDE, POUNDING IN CHARACTER, PHOTOPHOBIA, VISUAL BLURRING	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Seizures onset was 15 years ago. The problem is recurrent. The type of seizure is Complex partial. Medications used and Oxcarbazepine. He was previously followed by Dr. Burba. He has had GTC seizures with tongue biting/incontinence, episode of staring off; 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	SEVERE HEADACHES, LOCATION BEHIND EYES, POSITIVE FACIAL SWELLING/REDNESS, UNSTEADINESS, CONFUSION, MEMORY LOSS LOSS OF COORDINATION, RULE OUT MASS, ANEURYSM; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	severe right temporal pain running down to her neck.; This study is being ordered for a neurological disorder.; 05/14/16; There has been treatment or conservative therapy.; severe headaches, difficulty walking and speaking; amitriptyline and gabapentin	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	She is hyperreflexic on the right today which is new when compared to her inpatient exam a few weeks ago. I need to repeat her brain MRI w/wo to make sure we did not miss anything on the first scan (Given the new hyperreflexia on today's exam) I will send; 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	She says that she is still experiencing migraines. Some of these are associated with right monocular visual loss that she has also had a headache that was involved with hemiparesis. She says her headaches are associated with nausea and photophobia but s; 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	spells, having jerking movements of the extremities.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Subjective sensory deficit left hand and foot with mild, subtle weakness of the hand intrinsics and left foot dorsiflexors. The doctor is most concerns about a CNS source for this (brain, C-spine). He does have some vascular risk factors. Rule out stroke ; This study is being ordered for a neurological disorder.; May 1,2016; There has not been any treatment or conservative therapy.; Numbness in the left foot, mainly just the top of the foot for about two or three months ago. He says that over the past two months since this began it has slowly moved up from his foot up to the anterior part of his calf almost about midway up the leg.</p> <p>O</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>The involuntary movement involves both UEs, LEs, trunk and the head, irregularly and on-off, on daily basis. The symptom was first noticed in summer 2014 and got worse overtime gradually. She has tendency to fall but she still walks around without major ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	The patient began having altered smell sensation approximately 2 years ago after a viral respiratory infection. Her smell never returned to normal. She can smell certain items such as cilantro and dead chickens in the chicken houses. She also states that ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a loss of smell.; It is unknown why this study is being ordered.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The patient has a seizure disorder which he had a seizure that lasted about a minute and then it took him a minute or so to come around. They called the paramedics and they checked him out but by the time they got there he was normal. The he had a second ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The patient has had headaches all her life, but recently they have gotten worse. She often has daily lingering headaches, but two or three times a week she gets a bad headache. The daily lingering headaches are bifrontal. The bad headaches are also bifron; This request 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 patient has had worsening tremors for the last four months. She says she had not had any tremors before that. These tremors occur when she is trying to do something. They get worse when she is nervous or particularly when she is trying to do fine wor; 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	The patient is a 21-year-old woman who comes in with "headaches and recommendation from my eye doctor". The patient says that her right eye is "dead". She can only see some shadows. she thinks this happened when she was about 12 years old. It was very di; 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

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The patient is a 28 year old woman who comes in with headaches. The patient said she has had headaches since 2010, but they have increased in frequency recently to about four to six headaches per week. About four months ago, she said her breasts filled up; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The patient is a 31-year-old woman with headaches. She has had the problem for a few months. She will sometimes get these headaches two to three times a week. She will wake up with a headache. It is bifrontal. It will go to her neck at times. She driv; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; It is not known if there is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>The patient is a 33 year old women who comes in with headaches. She has headaches. She wakes up with them and goes to sleep with them. She has two types of headaches. Her Background headache is bifrontal and stays there. It responds to ibuprofen. She also; 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).</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>The patient is a 50-year-old man who probably has polycythemia vera. He didn't know that word but said that he had too many red blood cells and that is why he is seeing Dr. Baltz. It started two years ago. He thinks his hematocrit may have been 60 or so ; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing fatigue or malaise.</p>	1

Neurology

Approval

70551 MRI HEAD,
BRAIN, BRAINSTEM
WITHOUT CONTRAST

The patient is a 59-year-old man who comes in with numbness. He said tat three months ago he developed numbness on both sides of his face that happens almost every day. It is not constant, but it happens daily and is present much of the day. yesterday h; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	The patient is a 60 year old male who suffers Guillain-Barre status post plasma exchange with marked improvement in 2012. During his workup he was also found to have a pituitary micro adenoma. He has not been seen in our clinic in the past two years. 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.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The patient is a 63 year old woman whose chief complaint is shakky weakness and lower left back hurts when I try to do something, restless leg, peripheral neuropatic, ringing in ears and headache. She said that she is shaky all over all the time. She sai; This study is being 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.; shaky, weakness and lower left back hurts, restless leg, peripheral neuropathic ringing in ears and headaches	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The patient is a pleasant 39 year old male with a history of a worsening seizure disorder after a gunshot wound to his head and neck in 2007. The patient reports he had a few staring spells in grade school and later in high school in which he eventually h; 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
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The patient is a pleasant 45 year old female with a history of numbness in her upper and lower extremities for the past year. She was given a trial of Neurontin which did not help. Takes Baclofen at night which does help her neck pain. Elavil caused dry e; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	The patient is a pleasant 49 year old female who is complaining of worsening headaches, dizziness and tremor. She is concerned she may have Parkinson's since it runs in her family. She was sent for an EEG which showed a normal awake and drowsy recording. ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The patient is a pleasant 64 year old right handed male with a history of a rest tremor over the past year. He was given a trial of sinemet which improved his symptoms. He is currently taking Sinemet 25/100 four times a day. He states sometimes when he mi; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	The patient presents with a history of paresthesias. I had seen her previously in 2010. At that time she had had paresthesias involving her left arm. She had MRI brain and cervical spine studies done then that were unrevealing. She says the symptoms h; This study is being ordered for a neurological disorder.; 2010; There has been treatment or conservative therapy.; NUMBNESS IN EXTREMITY; PROBIOTICS,CLONAZEPAM,XANAX	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The patient presents with a history of some visual symptoms which she says she's had for the last 6 months. He describes exactly lines in her vision with some sparkly phenomenon. She does admit that in the past she has had some headaches with these some; This request 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 patient served in the Gulf War and has been diagnosed with PSD syndrome. At the VA he was told to have some cognitive problems but states that he has really compensated and has really done quite well until recently. He started having an excessive amou; 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	The patient will be sent for a repeat scan of his brain, cervical spine, and thoracic spine all with and without contrast MS protocol in October of 2016 to ensure stability on his disease modifying therapy, Rebif. Will also continue his vitamin D. Will ge; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; Multiple Sclerosis; Ampyra, And currently on Rebif.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The pt has epileptic seizures and a recent onset of severe headaches.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	These headaches started on 06/24/16 and occur daily. They occurred after a nosebleed. The patient has had nosebleeds before. this particular nosebleed was investigated by ENT and no reason was found. She did take her own blood pressure and it was 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.; 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)
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>this may likely represent benign intracranial hypertension or pseudotumor cerebri. At this point I want to start by getting an MRI of the brain along with an MRV of the head. Provided there is occupying lesion we will proceed with a lumbar puncture with ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2-3 years ago; There has been treatment or conservative therapy.; She reports a retro-orbital headache all day every day. She describes it as pressure. She does have increase in headache pain with straining or coughing. phonophobia. Plus or minus nausea. She denies any vision changes other than some temporary tunnel ; patient has seen and been followed by ENT. Tried at least 3 medications with no improvement.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.</p>	2

Neurology	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
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.	2
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.	27
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.	139

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a “thunderclap” or the worst headache of the patient’s life.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There 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
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.	26
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).	6

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; 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.; 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 being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; A metabolic work up was done including urinalysis, electrolytes and complete blood count with results completed.; The lab results were abnormal.; The patient is experiencing loss of smell.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; 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.	58
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.	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.; 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.	5
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo	2
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing dizziness.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; The patient has a congenital abnormality.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	5
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.	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.	15
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.	63
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.	10
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.	67
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.	25
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	25

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are 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
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.	11
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 a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; This study is being ordered as a 12 month annual follow up.	2

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.	2
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	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 a tumor.	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.	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 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.	10
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has NOT been a change in seizure pattern or a new seizure.; This is a new patient.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.; A biopsy has been completed to determine tumor tissue type.	1
Neurology	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
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	thoracic pain from neck; This study is being ordered for a neurological disorder.; 2013; There has been treatment or conservative therapy.; Severe back pain; h/a; dizziness w/vertigo; chronic imbalance; tinnitus w/ ringing of the ears; neck pain; Gabapentin; PT	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	tick disorder and abnormal movement.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Today Jenny comes in for her follow-up visit. I'm seeing her for chronic intractable headaches and migraines. Botox only marginally effective. Instead of getting headaches every day of the month - reduced toroughly 23 out of 30 days.  She's tried a; This study is being ordered for Vascular Disease.; age 15; There has been treatment or conservative therapy.; ha; botox	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Tremors migraines; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; 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
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Tremors; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Trying to r/o MS.; 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 request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; 2/01/2015; There has been treatment or conservative therapy.; low back pain / migraines /numbness in upper extremities/ neck pain /syringomelia; medication / PT but has not helped	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; 8/2015; There has been treatment or conservative therapy.; headache loss of sleep, numbness, fatigue; medications	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This study is being ordered for a neurological disorder.; about 5 years ago; There has not been any treatment or conservative therapy.; Pt is having possible seizure activity, dementia behaviors, chronic migraines, pain weakness, numbness gait imbalance.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; around 8/2/16; There has not been any treatment or conservative therapy.; Pt has syncope, headaches occurring 2-3 times a week, pain that radiates to bi temporal area and jaw, photophobia and phonophobia, throbbing, sees spots, nausea, longest gone w/out a headache is 12 hours. Pt was found by husband unconscious and had troubl	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Since 2013 for MS; There has been treatment or conservative therapy.; pt. has known MS; neck pain, mild off balance, to evaluate for any new legions.; MS Therphy	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	visual changes, Headaches/Migraines, tingling, Rt eye twitch all of her life, numbness Rt side of face x 2 years, Ringing in ear, Facial neuralgia, mild numbness of right face, chronic twitching of right eye since she was a child. In the past 4-5 years sh; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	We will send her for a brain MRI w/wo and a spinal screen w/wo to evaluate the status of her disease. Her disease is obviously very advanced so I do not expect her lower extremity symptoms to see much if any improvement.; This study is 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, fatigue, paresthesias.; Aubagio	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Woman with no prior h/o HAs says she was rear-ended in an MVA 7/10/16. Hit her head on back of seat. She thinks there was some LOC, and she was very frightened when woke up. Didn't go to hospital. Saw 1' care and chiro, and had x-rays, but no brain sc; This study is being ordered for trauma or injury.; 07/10/2016; There has been treatment or conservative therapy.; Woman with no prior h/o HAs says she was rear-ended in an MVA 7/10/16. Hit her head on back of seat. She thinks there was some LOC, and she was very frightened when woke up. Didn't go to hospital. Saw 1' care and chiro, and had x-rays, but no brain sc; Woman with no prior h/o HAs says she was rear-ended in an MVA 7/10/16. Hit her head on back of seat. She thinks there was some LOC, and she was very frightened when woke up. Didn't go to hospital. Saw 1' care and chiro, and had x-rays, but no brain sc	1
Neurology	Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	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	71250 CT CHEST, THORAX	A noncontract brain MRI showed small vessel ischemic disease. I will send her back for a Brain MRI w/wo to rule out tumor or demyelination. We will also send her for a CT of the Neck and chest/abdomen/pelvis to rule out an underlying malignancy. CTA 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.; Two Months ago; It is not known if there has been any treatment or conservative therapy.; New onset headaches, Migraine, without aura, intractable, new onset dizziness/vertigo and New onset bilateral tinnitus	1
Neurology	Approval	71250 CT CHEST, THORAX	Chris Rose is a 54 year old female who comes in today for follow up on her neuropathy. She doesn't feel as though she has been doing well. She continues to have neuropathic pain in her feet and legs. She also reports a few syncopal episode and says that h; This study is being ordered for a neurological disorder.; Unknownn; It is not known if there has been any treatment or conservative therapy.; Neuropathic pain , falls, few syncopal episode	1
Neurology	Approval	71550 MRI CHEST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	1
Neurology	Approval	71550 MRI CHEST	; This study is being ordered for a neurological disorder.; 06/02/16; There has been treatment or conservative therapy.; Pt suffers with pain in neck and left shoulder; fatigue; dizziness; numbness; and weakness.; Medication therapy given.	1

Neurology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	patient has already had an MRI. The patient underwent a MRI of the cervical spine in June. The study revealed an abnormal signal intensity in the C7 vertebral body. This could be due to artifact from the adjacent hardware, however a fracture cannot be exc; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Neurology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	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
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 follow-up surgery or fracture within the last 6 months.; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Neurology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1

Neurology	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient 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
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	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		5
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.; 02/2015; There has been treatment or conservative therapy.; problems with concentration, focus, memory, blurry vision, weakness, numbness; infusion therapy, and 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.; 1 year; There has been treatment or conservative therapy.; weakness, gait is off;; PT, 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.; 12/2015; It is not known if there has been any treatment or conservative therapy.; mbr has burning and weakness in legs and is unable to walk also unable to hold urine also back pain	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.; 15 years; It is not known if there has been any treatment or conservative therapy.; pain spasms in his lower extremity , dizzy spells and vertigo	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.; 2/17/2016; There has been treatment or conservative therapy.; ms; 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 a neurological disorder.; 20 years ago; There has been treatment or conservative therapy.; Pt suffers with sensory level T-10 injury; wheel chair bound; severe muscle atrophy;; unknown	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.; 2014; There has been treatment or conservative therapy.; She is having chronic neck and back pain, migraines, sharp pain in middle of back; unknown	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.; vision issues lost in right eye; 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 years ago; There has been treatment or conservative therapy.; pain in back and neck, numbness and tenderness, and nerve spasms; PT and 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.; 5/2015; There has been treatment or conservative therapy.; frequent falls balance issues foot drop; seen several MDO/	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.; 8/10/2016; There has been treatment or conservative therapy.; left leg weakness, electrical pain throughout leg, foggy and blurred vision; copaxone	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.; last few months; There has not been any treatment or conservative therapy.; low back pain, muscle weakness, unsteadiness of the feet, and see ICD 10 code for other symptoms	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.; Over a year ago; There has been treatment or conservative therapy.; Follow up same symptoms; Been on meds having issues with meds.	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.; < 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.; 07/01/2016; There has not been any treatment or conservative therapy.; The patient has chronic back pain, headaches & severe pain	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 trauma or injury.; Unknown as first visit with MDO; It is not known if there has been any treatment or conservative therapy.; Possible MS, spastic dyplegia both lower extremities, due to severe impact of accident r/o cord contusion.	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.	1
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 a neurological disorder.; ; There has been treatment or conservative therapy.; ;	2

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; new onset coarse tremor on the left hand. Differentials include essential tremor, basal ganglia lesion from ischemia or demyelination; - cervical spinal cord lesion, possible due to B12 deficiency versus ischemia versus autoimmune etiology; continue B12 injections 1000 mcg qmonthly; -continue B6 25 mg daily (OTC); - will recheck B6 and B12 levels next visit; -continue aspirin 325 mg daily for secondary stroke prevention	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 06/02/16; There has been treatment or conservative therapy.; Pt suffers with pain in neck and left shoulder; fatigue; dizziness; numbness; and weakness.; Medication therapy given.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 1999 DIAGNOSED; There has been treatment or conservative therapy.; History of Present Illness; 1. Multiple Sclerosis ; Diagnosed in 1999. Was on Copaxone for 11 years and developed a tremor and bad anxiety and stopped it about 2 yrs ago. Has taken nothing since. Presented with dizziness, dysarthria, and vision iss; History of Present Illness; 1. Multiple Sclerosis ; Diagnosed in 1999. Was on Copaxone for 11 years and developed a tremor and bad anxiety and stopped it about 2 yrs ago. Has taken nothing since. Presented with dizziness, dysarthria, and vision iss	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Approx 1 year ago. 9/13/2015; There has not been any treatment or conservative therapy.;	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; approximately 2 months ago; There has not been any treatment or conservative therapy.; Progressive left sided weakness with difficulty walking, urinary urgency, left sided hyperreflexia	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	a Month and a half history of R Hemibody Paresthesia. MRI Brain shows 4 periventricular white matter lesions; 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	ataxia  hold Copaxone for 2 months check MRI of brain and cervical spine for any new lesions; This study is being ordered for a neurological disorder.; Patient diagnosed with Multiple Sclerosis 2006 - Currently on Copaxone - now experiencing some side effects, will hold for two months. Check MRI of cervical spine and brain - to check for new lesions. Mild ataxia noted.; There has been treatment or conservative therapy.; ataxia; Copaxone injections 40mg/ml	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	cervical spine MRI for possible myelopathy /radiculopathy; This study is being ordered for Vascular Disease.; june 22,2015; There has been treatment or conservative therapy.; right foot numbness, progressed all the way up R side of his body face and jaw; asa and plavix	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Chris Rose is a 54 year old female who comes in today for follow up on her neuropathy. She doesn't feel as though she has been doing well. She continues to have neuropathic pain in her feet and legs. She also reports a few syncopal episode and says that h; This study is being ordered for a neurological disorder.; Unknownn; It is not known if there has been any treatment or conservative therapy.; Neuropathic pain , falls, few syncopal episode	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Discussed with the patient that I felt her headaches are primarily probably from her neck or occipital neuralgia. Will start her on a dose of Elavil 25mg. on a slow titrating dose until on 75mg. h.s. Will repeat an MRI of her brain with and without contra; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/2015; There has been treatment or conservative therapy.; History of stoke, Headaches, lot of pain in her neck, Occasionally dizziness, weakness and clumsiness over the left side of her previous stroke.; physical Therapy, Elavil 25mg, Neurontin, Gemfibrozil, Metformin, Plavix, Mobic, Simvastatin, citalopram,	1

Neurology

Approval

72141 MRI CERVICAL
SPINE OR NECK SPINE
WITHOUT CONTRAST

dr. has ordered these as STAT to get to the root of her problem and request to see her again in the morning.; This study is being ordered for a neurological disorder.; Date of initial onset: date of initial dx (multiple sclerosis) unknown.new symptoms have arrised since july 2016.having difficulty with balance/gait.Weakness in left leg and pain in back. Chills and sweats w/o fever. worsening migraines. numbness tingling; There has been treatment or conservative therapy.; Date of initial onset: Date of initial onset: date of initial dx (multiple sclerosis) unknown.new symptoms have arrised since july 2016.having difficulty with balance/gait.Weakness in left leg and pain in back. Chills and sweats w/o fever. worsening migra; Glatopa (generic copaxone)-allergic.-n/v and perioral numbness. copaxone-2014-to present

1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Due to patient worsening headaches over the past few months and due to her complaints of visual disturbances in her right eye, she will be sent for an MRI of the brain with and without contrast. Will also repeat an MRI of her cervical spine. Last image t; This study is being ordered for a neurological disorder.; History of chronic migraine and neck pain; There has been treatment or conservative therapy.; Headaches and neck pain, and occipital neuralgia, pain over the right side of her neck into the base of her head and scalp which radiates pain behind her right eye. Persistent with occasional blurred vision. Occasionally she has some numbness over the left; Pain Management , nerve blocks and trigger point injections. Topamax 100mg in the morning and 200mg in the evening along with Maxalt. Verapamil SR 120mg. h.s.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Due to patient's atrophy and bilateral weakness in hands would like to rule out cervical 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.; Bilateral hand grips 4/5 bilateral atrophic FDIs; The patient does 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	FURTHER EVALUATION OF GAIT,MIGRAINES, PARESTHESIA; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; HYPER REFLEXIA,ABNORMALITIES OF GAIT,MIGRAINE,PARESTHESIA,NORMAL EMG/NCV	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	He complains of severe neck pain.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient is a 60-year-old man who comes in with weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	He is currently stable on Tysabri and Ampyra. Will continue both. He is JCV negative. Continue Baclofen 5-10mg TID as it seems to be working well. His last MRI in December were stable. We will repeat them in August of this year to monitor for disease prog; This study is 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.; Gait Disturbance; 5 Infusions, Tysabri, Ampyra	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Hereditary and idiopathic neuropathy, unspecified (G60.9). we will follow along with her neuropathy, we are rechecking her brain MRI in August. she had another spell of arms heaviness, went to the ER locally and was told it was not her heart, I have sugg; This study is being ordered for a neurological disorder.; March 15, 2016; There has been treatment or conservative therapy.; . abnormal reflex   2. repeated falls  3. disturbances of skin sensation  The symptoms are reported as being severe. The symptoms occur randomly. The location is arms. Aggravating factors include unknown. Relieving factors include no meds. She stat; methocarbamol 500 mg tablet 1 tid prn muscle spasms 11/23/2015   N ibuprofen 800 mg tablet take 1 tablet by oral route 3 times every day with food 02/01/2016   N	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	His exam findings and history or urinary urgency/incontinence raise the concern for possible cervical myelopathy vs demyelination.; This study is being ordered for a neurological disorder.; headaches 15 years ago, and neck pain 3 years ago; There has been treatment or conservative therapy.; Headaches, Throbbing. Aggravated by bright lights and noise. Associated symptoms include nausea, phonophobia, photophobia, and vomiting. Neck pain, Symptoms are aggravatd by daily activities. Associated symptoms include bladder incontinence, bladder reten; Trial of nortiriptyline 25mg QHS. PRN Indomethacin, He also tried Tramadol, Fioricet, APAP, and Ibuprofen	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	History of Present Illness: 1. Numbness; Onset was 1 year ago. Additional information: Had gastric bypass in 2008, copper deficiency discovered this year. On replacement, level good but fluctuates. Started with tingling in fingers, gradually worse, the; This study is being ordered for a neurological disorder.; 1 year ago; There has been treatment or conservative therapy.; History of Present Illness: 1. Numbness; Onset was 1 year ago. Additional information: Had gastric bypass in 2008, copper deficiency discovered this year. On replacement, level good but fluctuates. Started with tingling in fingers, gradually worse, the; copper replacement	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	History of Present Illness: 1. Seizures; Onset was 2 years ago. The type of seizure is primary generalized. Associated symptoms include urinary incontinence. Additional information: has had 3 total seizures in last two years. Tolerating Keppra, so; This study is being ordered for a neurological disorder.; 2 YEARS AGO; There has been treatment or conservative therapy.; History of Present Illness: 1. Seizures; Onset was 2 years ago. The type of seizure is primary generalized. Associated symptoms include urinary incontinence. Additional information: has had 3 total seizures in last two years. Tolerating Keppra, so; History of Present Illness: 1. Seizures; Onset was 2 years ago. The type of seizure is primary generalized. Associated symptoms include urinary incontinence. Additional information: has had 3 total seizures in last two years. Tolerating Keppra, so	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Known Multiple Sclerosis annual follow up MRI; This is a request for cervical spine MRI; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	looking for neurological problems, slip disk; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; numbness and tingling in legs, feet, hands; weakness in leg; physical therapy	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	MRI EVALUATE ; 1 YEAR FOLLOW UP FOR MS; STILL HAS BALANCE AND SPEECH ISSUES.LAST MRI 08/2015; This study is being ordered for Inflammatory/ Infectious Disease.; 07/21/2014; There has been treatment or conservative therapy.; THIS IS A YEARLY FOLLOW UP MRI TO EVALUATE TREATMENT FOR MS. Multiple Sclerosis; RRMS. Tolerating copaxone 40mg tid for about 2 yrs. Avonex remote past, then off for 8 yrs. No side effects. No new gait changes. No new bladder changes. No fatigue. Last; Medications:04/06/2016 COPAXONE, // CALCIUM 500 + VITAMIN D, 03/20/2012 LIPITOR, 03/20/2012 TIROSINT, // MULTIVITAMINS, // CALCIO DEL MAR, // FISH OIL; Duration of Medications: 1. Multiple Sclerosis; RRMS. Tolerating copaxone 40mg tid for about	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Ms Tidwell returns for follow up. She was worked up for MS in the hospital and work up was negative. She was initially treated for stroke. She has 2 spots in her spinal cord of unknown etiology. NMO antibodies were not checked. Her ANA was positive She ha; This study is being ordered for a neurological disorder.; Unknown; There has not been any treatment or conservative therapy.; Blurred vision	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	MYELOPATHY,FOLLOW UP 6MOS REPEAT MRI TO ASSESS PROGRESSION; This study is being ordered for a neurological disorder.; 06/12/2016; There has been treatment or conservative therapy.; History / Dx:pain from her groin/hip area down to her toes for about 8 years. This is gotten much worse over the past 3 years. Is doing physical therapy. May be improving some. Had a lumbar MRI physician specialty Hospital with Dr. Knox ordered. She'; PHYSICAL THERAPY SOME BETTER,GABPENTIN,OXYCODONE-ACETAMINOPHEN,TRAZODONE,LYRICA,LAMOTRIGINE,MEL OXICAM,ISOMETHEPT-DICLORALP-ACETAMIN,ABILIFY,VYVANSE,SEEING NEURO SURGEON	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	n/a; This study is being ordered for a neurological disorder.; 2008; There has been treatment or conservative therapy.; Weakness to the extremities.; Medications	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	None; This study is being ordered for a neurological disorder.; 11/2014; There has been treatment or conservative therapy.; Numbness tingling sensations constant pain increasing falls and balance problems migraines; Rx medication	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	None; This study is being ordered for a neurological disorder.; Lumbar radicular started May 2014. She has had treatment in the form of physical therapy, prescription medications, and even surgery. However, has had little improvement. Cervical imaging is requested due to upper extremity numbness and tingling intermitt; There has been treatment or conservative therapy.; Severe low back and right leg pain that is now constant. ; Minimal-moderate neck pain, but mostly complains of bilateral arm numbness and tingling over the past 3 months.; Physical therapy, medications in the form of Hydrocodone 10/325 and muscle relaxers, and surgery has been performed on the lower back.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Numbness which began in toes only, has progressed to just below the knees bilaterally.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Numbness	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient is now a 26 year old right handed female who has been referred to me for evaluation and management of fatigue, blurred vision and pain behind Rt eye beginning in Feb and worsened by April 2016. The pain behind the Rt eye is increased with light; This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; There is not laboratory or x-ray evidence of a paraspinal abscess.; There is not laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	patient get scan every year for multiple liason and headaches.; This study is being ordered for a neurological disorder.; 2003; There has been treatment or conservative therapy.; patient is having ms symptoms; patient has been taken m edication	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	patient is needing imaging to determine the severity of her current MS relapse.; This study is being ordered for a neurological disorder.; patient is having an acute relapse.; There has been treatment or conservative therapy.; Relapse of MS.; patient is currently on Tecfidera for her MS. She is having an acute relapse.	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient with relapsing-remitting multiple sclerosis. NO imaging in the past 2-3 years. Complains of increased balance problems, fatigue, and weakness. MRIs needed to look for active demyelination; This study is being ordered for a neurological disorder.; DIAGNOSED WITH MS 13 YEARS AGO; BALANCE PROBLEMS AND ATAXIA NEW AND WORSENING FOR 2-3 MONTHS; There has been treatment or conservative therapy.; ataxia, balance problems, fatigue, paresthesias, weakness; Previously treated with disease modifying therapies and IV steroids
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Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Pleasant 45-year-old gentleman is referred for several neurological issues. The main problem was issues in his right arm. He was having discomfort and pain that would come and go. He had a hard time writing. They did an MRI of the C-spine. I review; This study is being ordered for a neurological disorder.; The main problem was issues in his right arm. He was having discomfort and pain that would come and go. He had a hard time writing. They did an MRI of the C-spine. I reviewed the images today and there were several areas of marketed disc protrusion wi; There has been treatment or conservative therapy.;</p> <p>Pleasant 45-year-old gentleman is referred for several neurological issues. The main problem was issues in his right arm. He was having discomfort and pain that would come and go. He had a hard time writing. They did an MRI of the C-spine. I review; PCP clinical events reviewed. Patient is having neck pain, back pain, leg pain. Lab work includes a normal white blood cell count and platelet count as well as normal hemoglobin. Apparently patient is seen in neurologist in Branson for his leg pain.</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>R/O demyelinating disease, MS; This study is being ordered for a neurological disorder.; 01-20-2016; There has been treatment or conservative therapy.; Difficulty walking, slurred speech, numbness and tingling in upper extremities, patient had a Stroke, abnormal gait; PT, medications, EMG</p>	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	radiating neck pain down into the shoulders, arms and 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.; patient had trouble with squeezes to the hand; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	She is advised to have Nerve Conduction Study done on her Lower extremities along with MRI of C-Spine to determine the extent of degenerative disc disease. We will request records from UAMS for the MRI Lumbar which was done in Dec 2105. After reviewin; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient is now a 33 year-old right handed Caucasian female who has been to me for evaluation and management of severe pain in her lumbar and cervical spine that started 13 years ago that has worsened. In Dec 2015 the pain began to radiate to her Rt; The patient does 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	<p>Since January/February of this year she's had severe shooting and burning pains in her heels and feet and ankles. It is now migrated up to her thighs buttock region and lower back region. Walking, any sort of activity, bending can make it worse. Pain; This study is being ordered for a neurological disorder.; JANUARY 2016; There has been treatment or conservative therapy.; Since January/February of this year she's had severe shooting and burning pains in her heels and feet and ankles. It is now migrated up to her thighs buttock region and lower back region. Walking, any sort of activity, bending can make it worse. Pain; As far as her pain goes she did not tolerate gabapentin. Could potentially try Lyrica but it would probably cause similar side effects. (Swelling in feet and ankles). Lamotrigine or Tegretol/Trileptal would be another option.</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Subjective sensory deficit left hand and foot with mild, subtle weakness of the hand intrinsics and left foot dorsiflexors. The doctor is most concerns about a CNS source for this (brain, C-spine). He does have some vascular risk factors. Rule out stroke ; This study is being ordered for a neurological disorder.; May 1,2016; There has not been any treatment or conservative therapy.; Numbness in the left foot, mainly just the top of the foot for about two or three months ago. He says that over the past two months since this began it has slowly moved up from his foot up to the anterior part of his calf almost about midway up the leg.</p> <p>O</p>	1

Neurology	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
Neurology	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
Neurology	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

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient presents with a history of paresthesias. I had seen her previously in 2010. At that time she had had paresthesias involving her left arm. She had MRI brain and cervical spine studies done then that were unrevealing. She says the symptoms h; This study is being ordered for a neurological disorder.; 2010; There has been treatment or conservative therapy.; NUMBNESS IN EXTREMITY; PROBIOTICS,CLONAZEPAM,XANAX	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient will be sent for a repeat scan of his brain, cervical spine, and thoracic spine all with and without contrast MS protocol in October of 2016 to ensure stability on his disease modifying therapy, Rebif. Will also continue his vitamin D. Will ge; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; Multiple Sclerosis; Ampyra, And currently on Rebif.	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.	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.	46

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; pt returns with R sided numbness, recent MRI of the brain shows significant abnormality of white matter disease; 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
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.	19
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; He has a lot of other complaints of vacillating pain in various parts of his body shoulders, back, legs etc. He indicates some issues with constipation at times he feels as though his muscles are twitching. He denies significant neck pain, walking problem; 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.	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; The patient is a pleasant 37 year old female white complaints of muscle pain and weakness in her upper and lower extremities over the past few years. She is also experiencing some paresthesia and was sent for an MRI of her brain to rule out any evidence of; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of paresthesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
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.	56
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; <Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of paresthesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; 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.	3
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.	2
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; MIGRAINE: Associated symptoms include nausea and photophobia. Primary pain is in eyes. Also, neck pain but nowhere else. No family history. Imitrex helps. 4-5 HA/wk. On Topamax and seems to help but only takes 12.5/d. Used Botox but felt made worse.	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; had an emg; wearing braces a tbedtime and stopped certain yoga position; tingling; hx neck pain w/neg mri	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There is laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; MBR has family Hx of MS; No, there are no documented clinical findings of Multiple sclerosis.; No, there is not a laboratory or x-ray evidence of Meningitis.; No, there is not a laboratory or x-ray evidence of an infected disc, septic arthritis or "discitis".; No, there is no laboratory or x-ray evidence of a paraspinal abscess.	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; R/O MS; No, there are no documented clinical findings of Multiple sclerosis.; No, there is not a laboratory or x-ray evidence of Meningitis.; No, there is not a laboratory or x-ray evidence of an infected disc, septic arthritis or "discitis".; No, there is no laboratory or x-ray evidence of a paraspinal abscess.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; R/O multiple sclerosis; No, there are no documented clinical findings of Multiple sclerosis.; No, there is not a laboratory or x-ray evidence of Meningitis.; No, there is not a laboratory or x-ray evidence of an infected disc, septic arthritis or "discitis".; No, there is no laboratory or x-ray evidence of a paraspinal abscess.	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>This is a request for cervical spine MRI; Trauma or recent injury; Description; Cervical spine pain; Still not better and now radiates to left shoulder. Failed PT and NSAID's, has had pain 6 months now. Will check MR C spine. fu p scan; Further diagnostic evaluations ordered today include(s) MRI NECK SPINE W/O DYE t; 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
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Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; History of Present Illness: 1. Numbness; Additional information: 13 yrs ago lifted cabinets, left forearm into thumb and index finger numb. Persistent but getting worse, drops things. Sx more C6 or radial. Some neck pain 5 wks, intermittent. Sx worse; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; Yes, the patient is experiencing new onset of parathesia diagnosed by a neurologist.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Unknown; This study is being ordered for a neurological disorder.; 1/2016; There has been treatment or conservative therapy.; Numbness, falling, poor balance, CVA, hearing loss, stroke; Unknown	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; 2/01/2015; There has been treatment or conservative therapy.; low back pain / migraines /numbness in upper extremities/ neck pain /syringomelia; medication / PT but has not helped	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; 8/2015; There has been treatment or conservative therapy.; headache loss of sleep, numbness, fatigue; medications	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Unknown; This study is being ordered for a neurological disorder.; about 5 years ago; There has not been any treatment or conservative therapy.; Pt is having possible seizure activity, dementia behaviors, chronic migraines, pain weakness, numbness gait imbalance.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Since 2013 for MS; There has been treatment or conservative therapy.; pt. has known MS; neck pain, mild off balance, to evaluate for any new legions.; MS Therphy	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Very nice very appreciative 33-year-old female with a complex history. Since January/February of this year she's had severe shooting and burning pains in her heels and feet and ankles. It is now migrated up to her thighs buttock region and lower back ; This study is being ordered for a neurological disorder.; JANUARY 2016; There has been treatment or conservative therapy.; ; As far as her pain goes she did not tolerate gabapentin. Could potentially try Lyrica but it would probably cause similar side effects. (Swelling in feet and ankles). Lamotrigine or Tegretol/Trileptal would be another option.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	We will send her for a brain MRI w/wo and a spinal screen w/wo to evaluate the status of her disease. Her disease is obviously very advanced so I do not expect her lower extremity symptoms to see much if any improvement.; This study is 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, fatigue, paresthesias.; Aubagio	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Weakness and numbness. Myelopathy.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; He has left hemiparesis with 4/5 muscle force in the upper and lower extremities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>weakness, falling will check and MRI of his T spine and C spine to rule out a myelopathy. Slightly decreased to pinprick over the left forehead and over the right lateral thigh. Patient walks with a wheel walker; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/26/2015; There has been treatment or conservative therapy.; Numbness in his upper and lower extremities with weakness in his legs. walking with a walker to keep from falling. Slightly decreased to pinprick over the left forehead and over the right lateral thigh.; Physical Therapy for balance and strengthening</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Will also check a cervical MRI with and with out contrast and a thoracic spine MRI with and without contrast. Will make certain that she does not have any new or enhancing lesions. I discussed that Tysabri is most efficacious of all of the disease modifyi; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Increased fatigue and feels that she has to move her arms or legs almost like a restless leg symptom in her body. Vision changes in her left eye. numbness in her hands. Lhermitte in her neck feeling a sharp sensation looking downward; Tysabri and five infusions</p>	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Would like to send for a spinal screen MRI to look for evidence of demyelinating plaques affecting the spinal cord.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; October 2015; It is not known if there has been any treatment or conservative therapy.; Lower extremity paresthesias.	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.; 02/2015; There has been treatment or conservative therapy.; problems with concentration, focus, memory, blurry vision, weakness, numbness; infusion therapy, and medications	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.; 12/2015; It is not known if there has been any treatment or conservative therapy.; mbr has burning and weakness in legs and is unable to walk also unable to hold urine also back pain	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.; 2014; There has been treatment or conservative therapy.; She is having chronic neck and back pain, migraines, sharp pain in middle of back; unknown	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.; 5/2015; There has been treatment or conservative therapy.; frequent falls balance issues foot drop; seen several MDO/	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.; Over a year ago; There has been treatment or conservative therapy.; Follow up same symptoms; Been on meds having issues with meds.	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 trauma or injury.; Unknown as first visit with MDO; It is not known if there has been any treatment or conservative therapy.; Possible MS, spastic dyplegia both lower extremities, due to severe impact of accident r/o cord contusion.	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 a neurological disorder.; ; There has been treatment or conservative therapy.;	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Approx 1 year ago. 9/13/2015; There has not been any treatment or conservative therapy.;	1

Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	dr. has ordered these as STAT to get to the root of her problem and request to see her again in the morning.; This study is being ordered for a neurological disorder.; Date of initial onset: date of initial dx (multiple sclerosis) unknown.new symptoms have arrised since july 2016.having difficulty with balance/gait.Weakness in left leg and pain in back. Chills and sweats w/o fever. worsening migraines. numbness tingling; There has been treatment or conservative therapy.; Date of initial onset: Date of initial onset: date of initial dx (multiple sclerosis) unknown.new symptoms have arrised since july 2016.having difficulty with balance/gait.Weakness in left leg and pain in back. Chills and sweats w/o fever. worsening migra; Glatopa (generic copaxone)-allergic.-n/v and perioral numbness. copaxone-2014-to present	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	History of Present Illness: 1. Numbness  Onset was 1 year ago. Additional information: Had gastric bypass in 2008, copper deficiency discovered this year. On replacement, level good but fluctuates. Started with tingling in fingers, gradually worse, the; This study is being ordered for a neurological disorder.; 1 year ago; There has been treatment or conservative therapy.; History of Present Illness: 1. Numbness  Onset was 1 year ago. Additional information: Had gastric bypass in 2008, copper deficiency discovered this year. On replacement, level good but fluctuates. Started with tingling in fingers, gradually worse, the; copper replacement	1

Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	looking for neurological problems, slip disk; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; numbness and tingling in legs, feet, hands; weakness in leg; physical therapy	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Ms Tidwell returns for follow up. She was worked up for MS in the hospital and work up was negative. She was initially treated for stroke. She has 2 spots in her spinal cord of unknown etiology. NMO antibodies were not checked. Her ANA was positive She ha; This study is being ordered for a neurological disorder.; Unknown; There has not been any treatment or conservative therapy.; Blurred vision	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	MYELOPATHY,FOLLOW UP 6MOS REPEAT MRI TO ASSESS PROGRESSION; This study is being ordered for a neurological disorder.; 06/12/2016; There has been treatment or conservative therapy.; History / Dx:pain from her groin/hip area down to her toes for about 8 years. This is gotten much worse over the past 3 years. Is doing physical therapy. May be improving some. Had a lumbar MRI physician specialty Hospital with Dr. Knox ordered. She'; PHYSICAL THERAPY SOME BETTER,GABPENTIN,OXYCODONE-ACETAMINOPHEN,TRAZODONE,LYRICA,LAMOTRIGINE,MEL OXICAM,ISOMETHEPT-DICLORALP-ACETAMIN,ABILIFY,VYVANSE,SEEING NEURO SURGEON	1

Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	n/a; This study is being ordered for a neurological disorder.; 2008; There has been treatment or conservative therapy.; Weakness to the extremities.; Medications	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	None; This study is being ordered for a neurological disorder.; 11/2014; There has been treatment or conservative therapy.; Numbness tingling sensations constant pain increasing falls and balance problems migraines; Rx medication	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Numbness which began in toes only, has progressed to just below the knees bilaterally.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Numbness	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	patient get scan every year for multiple liason and headaches.; This study is being ordered for a neurological disorder.; 2003; There has been treatment or conservative therapy.; patient is having ms symptoms; patient has been taken m edication	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Pt has mild sensory loss, new diagnosis of MS confirmed by lumbar puncture. MRI of brain showed white matter lesions.; This is a request for a thoracic spine MRI.; None of the above; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt has right sided; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1

Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	R/O demyelinating disease, MS; This study is being ordered for a neurological disorder.; 01-20-2016; There has been treatment or conservative therapy.; Difficulty walking, slurred speech, numbness and tingling in upper extremities, patient had a Stroke, abnormal gait; PT, medications, EMG	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Since January/February of this year she's had severe shooting and burning pains in her heels and feet and ankles. It is now migrated up to her thighs buttock region and lower back region.; Walking, any sort of activity, bending can make it worse. Pain; This study is being ordered for a neurological disorder.; JANUARY 2016; There has been treatment or conservative therapy.; Since January/February of this year she's had severe shooting and burning pains in her heels and feet and ankles. It is now migrated up to her thighs buttock region and lower back region.; Walking, any sort of activity, bending can make it worse. Pain; As far as her pain goes she did not tolerate gabapentin. Could potentially try Lyrica but it would probably cause similar side effects. (Swelling in feet and ankles). Lamotrigine or Tegretol/Trileptal would be another option.	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 lower extremity weakness documented on physical exam.	1

Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	9
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	3

Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient is a pleasant 35 year old male with a history of numbness and tingling in his upper and lower extremities, primarily over the left arm and leg over the last three years. He actually had symptoms beginning ten years ago. Since he had some abnor; This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; Hyperreflexia in the upper and lower extremities, Sensation: Hypesthetic to pinprick over the left arm and left leg, The patient was having an episode of left leg weakness since his last visit.; There is recent evidence of a thoracic spine fracture.	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.; The study is being ordered due to Neurological deficits.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	6

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.; MYELOPATHY,SENSORY CHANGES IN LOWER LIMBS,REFLEXES BRISK,TOES EQUIVOCAL,VIBRATORY SENSE DIMINISHED ABNORMAL LAB,PARESTHESIA; 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.; Numbness that extends from her knee to her foot She does have left sciatic nerve entrapment; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.	2
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.	3
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; THORACIC SPINE PAIN,MUSCLE PAIN AND WEAKNESS,MEMORY LOSS,BACK PAIN,FATIGUE,R/O DISC HERNIATION AND ANEURYSM,WHITE MATTER CHANGED; 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.; 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
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This patient had an abnormal MRI Lumbar spine which showed poorly visualized thoracic stenosis and now patient is has hyper reflexes in bilateral lower extremities.; This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; Reflexes 2+ upper extremities. Absent ankle jerks. 1 at both knees.; There is recent evidence of a thoracic spine fracture.	1
Neurology	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.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	thoracic pain from neck; This study is being ordered for a neurological disorder.; 2013; There has been treatment or conservative therapy.; Severe back pain; h/a; dizziness w/vertigo; chronic imbalance; tinnitus w/ ringing of the ears; neck pain; Gabapentin; PT	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Very nice very appreciative 33-year-old female with a complex history.&#xOD; &#xOD; Since January/February of this year she's had severe shooting and burning pains in her heels and feet and ankles. It is now migrated up to her thighs buttock region and lower back ; This study is being ordered for a neurological disorder.; JANUARY 2016; There has been treatment or conservative therapy.; ; As far as her pain goes she did not tolerate gabapentin. Could potentially try Lyrica but it would probably cause similar side effects. (Swelling in feet and ankles). Lamotrigine or Tegretol/Trileptal would be another option.	1

Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	We will send her for a brain MRI w/wo and a spinal screen w/wo to evaluate the status of her disease. Her disease is obviously very advanced so I do not expect her lower extremity symptoms to see much if any improvement.; This study is 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, fatigue, paresthesias.; Aubagio	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	weakness, falling will check and MRI of his T spine and C spine to rule out a myelopathy. Slightly decreased to pinprick over the left forehead and over the right lateral thigh. Patient walks with a wheel walker; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/26/2015; There has been treatment or conservative therapy.; Numbness in his upper and lower extremities with weakness in his legs. walking with a walker to keep from falling. Slightly decreased to pinprick over the left forehead and over the right lateral thigh.; Physical Therapy for balance and strengthening	1

Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Will also check a cervical MRI with and with out contrast and a thoracic spine MRI with and without contrast. Will make certain that she does not have any new or enhancing lesions. I discussed that Tysabri is most efficacious of all of the disease modifyi; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Increased fatigue and feels that she has to move her arms or legs almost like a restless leg symptom in her body. Vision changes in her left eye. numbness in her hands. Lhermitte in her neck feeling a sharp sensation looking downward; Tysabri and five infusions	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Would like to send for a spinal screen MRI to look for evidence of demyelinating plaques affecting the spinal cord.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; October 2015; It is not known if there has been any treatment or conservative therapy.; Lower extremity paresthesias.	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		2

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.; 1 year; There has been treatment or conservative therapy.; weakness, gait is off,; PT, 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.; 12/2015; It is not known if there has been any treatment or conservative therapy.; mbr has burning and weakness in legs and is unable to walk also unable to hold urine also back pain	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.; 4 years ago; There has been treatment or conservative therapy.; pain in back and neck, numbness and tenderness, and nerve spasms; PT and 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.; 5/2015; There has been treatment or conservative therapy.; frequent falls balance issues foot drop; seen several MDO/	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.; last few months; There has not been any treatment or conservative therapy.; low back pain, muscle weakness, unsteadiness of the feet, and see ICD 10 code for other symptoms	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	<p>1. *ms &#x0D; The patient returns for her MS. She continues to complain of low back pain radiating into her left leg with some feeling of left leg weakness. She has already had physical therapy and chiropractic, which has not been helpful. She is in the p; This study is being ordered for a neurological disorder.; 2012; There has been treatment or conservative therapy.; 1. *ms &#x0D; The patient returns for her MS. She continues to complain of low back pain radiating into her left leg with some feeling of left leg weakness. She has already had physical therapy and chiropractic, which has not been helpful. She is in the p; MS MEDS</p>	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>1. Numbness &#x0D; Onset was 17 years ago and it was gradual. Location of numbness is left leg. The problem occurs constantly. Trauma type: fall. Symptom is aggravated by movement. Relieving factors include sitting. Additional information: Had a fall in ; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Lumbago w/ sciatica of right side.&#x0D; Probably has meralgia paresthica but pain isn't a big complaint. Neg exam other than weakness proximal right leg and some sensory loss. Has hx abn MR lumbar spine that doesn't explain her sx and findings. Will repeat ; The patient does not have new signs or symptoms of 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	chronic back pain, falling, numbness in lower extremities, discoloration 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
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Diminished sensation in both lower extremities; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Diminished vibration sense in both lower extremities up to the knees; The patient does not have new signs or symptoms of bladder 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	Either mild compression of the plantar nerves or lower lumbar radiculopathy. He may have some cervical component as well.; This study is being ordered for a neurological disorder.; 2 months ago; There has been treatment or conservative therapy.; numbness in R great toe, numbness bilateral upper extremities.; medication management, 2 months	1

Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	None; This study is being ordered for a neurological disorder.; Lumbar radicular started May 2014. She has had treatment in the form of physical therapy, prescription medications, and even surgery. However, has had little improvement. Cervical imaging is requested due to upper extremity numbness and tingling intermitt; There has been treatment or conservative therapy.; Severe low back and right leg pain that is now constant.  Minimal-moderate neck pain, but mostly complains of bilateral arm numbness and tingling over the past 3 months.; Physical therapy, medications in the form of Hydrocodone 10/325 and muscle relaxers, and surgery has been performed on the lower back.	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Onset: 3 years ago. The problem is worsening. It occurs intermittently. Location of pain is lower back. Pain is radiated to the left hamstring and groin.The patient describes the pain as an ache and burning. Context: no incontinence. Symptoms are aggravat; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pulses - Dorsalis pedis: Normal. Level of consciousness - alert and awake. Orientation - Oriented to time, place, Oriented to person. Memory - Normal recent,remote, Normal attention,concentration. I. Olfactory - Finding: normal smell, VI. Abducens - Find; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt has deferred gate, decreased sensation in legs and wrists, 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
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Since January/February of this year she's had severe shooting and burning pains in her heels and feet and ankles. It is now migrated up to her thighs buttock region and lower back region.; Walking, any sort of activity, bending can make it worse. Pain; This study is being ordered for a neurological disorder.; JANUARY 2016; There has been treatment or conservative therapy.; Since January/February of this year she's had severe shooting and burning pains in her heels and feet and ankles. It is now migrated up to her thighs buttock region and lower back region.; Walking, any sort of activity, bending can make it worse. Pain; As far as her pain goes she did not tolerate gabapentin. Could potentially try Lyrica but it would probably cause similar side effects. (Swelling in feet and ankles). Lamotrigine or Tegretol/Trileptal would be another option.	1

Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The patient does seem to have a left radiculopathy although pain on straight leg raising is fairly mild. She did have an MRI of her lumbar spine without contrast on 5/16/16 which showed disc desiccation and a mild disc bulging at L3-4. Her findings are mor; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The patient presents with a history of paresthasias involving the right heel and right lateral foot. He says that he had a right leg injury about a year ago whereby he stepped on a concrete slab and likely twisted his ankle. He says that thereafter he s; This study is being ordered for a neurological disorder.; 1 YEAR AGO; There has been treatment or conservative therapy.; The patient presents with a history of paresthasias involving the right heel and right lateral foot. He says that he had a right leg injury about a year ago whereby he stepped on a concrete slab and likely twisted his ankle. He says that thereafter he s; SAW PODIATRIST	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.	3

Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	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.	2
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has 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 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
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	24

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	7
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 x-ray indicating a significant abnormality	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 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)	46
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	This 21 year old female patient has a neuropathy that started suddenly on 06/10/16 and only in the last three and a half weeks it has progressed to just below the knees bilaterally. Motor exam shows 4/5 weakness of dorsiflexion bilaterally. She has 4/5 &#xOD;; This study is being ordered for a neurological disorder.; 6/10/2016; There has not been any treatment or conservative therapy.; Sudden onset numbness tingling and swelling bilateral lower extremities in a 21 year old female who is otherwise healthy.	1

Neurology	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.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Very nice very appreciative 33-year-old female with a complex history.  Since January/February of this year she's had severe shooting and burning pains in her heels and feet and ankles. It is now migrated up to her thighs buttock region and lower back ; This study is being ordered for a neurological disorder.; JANUARY 2016; There has been treatment or conservative therapy.; ; As far as her pain goes she did not tolerate gabapentin. Could potentially try Lyrica but it would probably cause similar side effects. (Swelling in feet and ankles). Lamotrigine or Tegretol/Trileptal would be another option.	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Would like to send for a spinal screen MRI to look for evidence of demyelinating plaques affecting the spinal cord.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; October 2015; It is not known if there has been any treatment or conservative therapy.; Lower extremity paresthesias.	1

Neurology	Approval	72196 MRI PELVIS	low back pain radiating into hips and legs.; 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.	1
Neurology	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."; rule out rotator cuff structure abnormality	1
Neurology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does 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

Neurology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	The patient presents with a history of paresthesias involving the right heel and right lateral foot. He says that he had a right leg injury about a year ago whereby he stepped on a concrete slab and likely twisted his ankle. He says that thereafter he s; This study is being ordered for a neurological disorder.; 1 YEAR AGO; There has been treatment or conservative therapy.; The patient presents with a history of paresthesias involving the right heel and right lateral foot. He says that he had a right leg injury about a year ago whereby he stepped on a concrete slab and likely twisted his ankle. He says that thereafter he s; SAW PODIATRIST	1
Neurology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	He has lost 30+ lbs for no known reason and has been losing muscle mass too. His lumbar MRI showed a renal mass which is concerning given his strong family history of cancer. Would like to send him for CT chest/abdomen/pelvis to look for an underlying mal; 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

Neurology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	A noncontract brain MRI showed small vessel ischemic disease. I will send her back for a Brain MRI w/wo to rule out tumor or demyelination. We will also send her for a CT of the Neck and chest/abdomen/pelvis to rule out an underlying malignancy. CTA 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.; Two Months ago; It is not known if there has been any treatment or conservative therapy.; New onset headaches, Migraine, without aura, intractable, new onset dizziness/vertigo and New onset bilateral tinnitus	1
Neurology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient had MRI Lumbar spine which showed a renal mass. Due to his abnormal weight loss and renal mass, would like to rule out neoplasm/malignancy.; 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
Neurology	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

Neurology	Approval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]		1
Neurology	Approval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	"Possible" Behavioral Variant Fronto-Temporal Dementia (bv-FTD) according to the latest diagnostic criteria for bv-FTD from the bv-FTD Consortium. She exhibits inappropriate behavior, repetitive, stereotyped behavior, and loss of empathy with restricted a; 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]	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.	1
Neurology	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
Neurology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	1

Neurology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1
Neurology	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.	2
Neurology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; syncope, dizziness, light headed, ringing in his ears, seizures.; Keppra meds,	1
Neurology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	1
Neurology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 01/08/2016; There has been treatment or conservative therapy.; ;	1

Neurology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	The patient is a 58 year old man who comes in with episodes of head pressure and what he refers to as motion sickness. He said that these episodes can be triggered by bending over and if he does that the whole day is shot. I asked him what he meant by tha; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10 YEARS AGO; It is not known if there has been any treatment or conservative therapy.; pressure in his head, tinnitus ,	1
Neurology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a neurological disorder.; Patient states that she has had severe headaches for a few years now. We have only seen the patient in the office one time and the only clinical information that we have are from other providers. Patient complains that the severity and frequency in the he; It is not known if there has been any treatment or conservative therapy.; Patient states that she has 15+ headaches per month. Sensitive to light and sound, along with nausea and vomiting. Patient reports photophobia / phonophobia. Patient states that she feels a burning, radiating pain in her head that radiates down the neck.	1

Neurology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a neurological disorder.; Unknown of the specific date that patient was diagnosed with the cerebral aneurysm. It was shown on a previous exam.; There has not been any treatment or conservative therapy.; patient complains of a constant severe headache with a known history of cerebral aneurysm. Patient stated that she is also having visual disturbances.	1
Neurology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 02/21/2016; There has been treatment or conservative therapy.; patient is having seizures; patient is taking medication	1
Neurology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	7
Neurology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	1
Neurology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 01/08/2016; There has been treatment or conservative therapy.;	1
Neurology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 08/09/2016; There has been treatment or conservative therapy.; migraine, seizures; medications	1

Neurology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	Elevated opening pressure on lumbar puncture done on 8/3/16. Given her headaches, papilledema, and elevated pressure we need to rule out venous thrombosis. Recurrent stroke seen on brain MRI done 7/15/16 - need to rule out carotid dissection, aneurysm, or; This study is being ordered for a neurological disorder.; 07/11/2016; There has been treatment or conservative therapy.; Recurrent strokes; Headaches; Papilledema/increased intracranial pressure - blurred vision, visual field cut. ; Bilateral pulsatile tinnitus; Medications for headaches/tinnitus; therapeutic lumbar puncture (which revealed an elevated opening pressure)	1
Neurology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	Patient with worsening headaches. A recent CT head W/WO showed an aneurysm of the anterior communicating artery. Need MRI brain and CTA head/neck for further evaluation. The patient is being referred to an interventional radiologist regarding the aneurysm; This study is being ordered for Vascular Disease.; Worsening headaches for 6-8 weeks; There has been treatment or conservative therapy.; Patient with worsening headaches - increased in frequency and severity. A recent CT head W/WO showed an aneurysm of the anterior communicating artery.; medications for headache including prescription and over the counter. A CT head was also ordered and it showed a probable aneurysm	1

Neurology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	The patient is a 58 year old man who comes in with episodes of head pressure and what he refers to as motion sickness. He said that these episodes can be triggered by bending over and if he does that the whole day is shot. I asked him what he meant by tha; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10 YEARS AGO; It is not known if there has been any treatment or conservative therapy.; pressure in his head, tinnitus ,	1
Neurology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a neurological disorder.; Patient states that she has had severe headaches for a few years now. We have only seen the patient in the office one time and the only clinical information that we have are from other providers. Patient complains that the severity and frequency in the he; It is not known if there has been any treatment or conservative therapy.; Patient states that she has 15+ headaches per month. Sensitive to light and sound, along with nausea and vomiting. Patient reports photophobia / phonophobia. Patient states that she feels a burning, radiating pain in her head that radiates down the neck.	1

Neurology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a neurological disorder.; Unknown of the specific date that patient was diagnosed with the cerebral aneurysm. It was shown on a previous exam.; There has not been any treatment or conservative therapy.; patient complains of a constant severe headache with a known history of cerebral aneurysm. Patient stated that she is also having visual disturbances.	1
Neurology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 02/21/2016; There has been treatment or conservative therapy.; patient is having seizures; patient is taking medication	1
Neurology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	1
Neurology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	Patient with numbness and tingling in bilateral hands. Patient has been dropping items. Symptoms are worsening. Patient with neck pain and soreness.; "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
Neurology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	POSITIONAL VERTIGO,R/O VBI,HEADACHES,NECK PAIN, POSITIVE BACK PAIN,WEAKNESS,NUMBNESS,LOSS OF COORDINATION,MEMORY LOSS,FATIGUE; "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

Neurology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	Presents today for follow up of facial numbness. It is the same. It is mild and is located on the bilateral face and occurs intermittently, he has not found any relieving factors. He also has noticed he has some episodes of blurry vision that occurs inter; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Facial Numbness, Episodes of blurry vision. Vertigo, Headaches, Sporadic numbness and leg weakness. Abnormal Mri.; Aspirin 81 mg daily, Add B12 daily,	1
Neurology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 01/022013; There has been treatment or conservative therapy.; spells vertigo/ difficulty with gait/weakness in legs / hearing loss/ headaches; saw ENT DR / she has been on several medications not helping / worried it might be MS dr wants to rule out MS	1
Neurology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; years; There has been treatment or conservative therapy.; headaches daily basic/ throughout head / photo phobia; medication / infusion and nothing has worked	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 a neurological disorder.; 7/8/16; There has not been any treatment or conservative therapy.; <;loss of vision, ct head showed he had a infarct	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.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; migraines	1
Neurology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; 3/2016; There has been treatment or conservative therapy.; TIA like symptoms, left sided numbness of arms and legs, syncope, disorientation memory change, patient feels like she is in a fog. Patient has had confusion, could not get the right words to come out. Excessive sweating. Patient also has migraines.; Patient has had and ECHO 7/18/2016. Stress Test 7/21/2016. Tilt Table Test and an EP Study 8/4/2016. Also had a PFO bubble study. Patient has had lab work drawn. Patient is also pending a sleep study.	1
Neurology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; Aug 8, 2016; There has been treatment or conservative therapy.; headache, left side numbness, weakness; ASA	1

Neurology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	HEADACHE DISORDER,SEVERE PERIORBITAL PAIN,PAIN IS STABBING,UNSTEADINESS,CONFUSION,MEMORY LOSS,LOSS OF COORDINATION,RULE OUT MASS,ANEURYSM FISTULA; 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	New persistent chronic daily headache now of approximately 1 months' duration or a little over that. CSF has been fairly unremarkable except for nonspecific mild elevation in her protein level. MRI brain was unremarkable which the doctor is going to repea; This study is being ordered for a neurological disorder.; 6.06.2016; There has been treatment or conservative therapy.; Pressure pain in the posterior occipital head region. When she touches her head or when she lays down on the back of her head it seems to actually worsen. She has sharp shooting pains in her head in random areas, now more on the left than the right; it us; CT, Ibuprofen and Excedrin, tompiramte 25 mg, MRI and MRA.	1

Neurology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	Presents today for follow up of facial numbness. It is the same. It is mild and is located on the bilateral face and occurs intermittently, he has not found any relieving factors. He also has noticed he has some episodes of blurry vision that occurs inter; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Facial Numbness, Episodes of blurry vision. Vertigo, Headaches, Sporadic numbness and leg weakness. Abnormal Mri.; Aspirin 81 mg daily, Add B12 daily,	1
Neurology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	pt states not processing things, excessively sleepy, couple of episodes either black out or fell asleep; This study is being ordered for Vascular Disease.; June 6, 2016; There has been treatment or conservative therapy.; blurred vision, photophobia,phonophobia, nausea and vomiting; She had a CT, an MRI, Carotid Doppler	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.	3
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	Today Jenny comes in for her follow-up visit. I'm seeing her for chronic intractable headaches and migraines.; Botox only marginally effective. Instead of getting headaches every day of the month - reduced thoroughly 23 out of 30 days.; She's tried a; This study is being ordered for Vascular Disease.; age 15; There has been treatment or conservative therapy.; ha; botox	1

Neurology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	Today Jenny comes in for her follow-up visit. I'm seeing her for chronic intractable headaches and migraines.  Botox only marginally effective. Instead of getting headaches every day of the month - reduced thoroughly 23 out of 30 days.  She's tried a; This study is being ordered for Vascular Disease.; SINCE AGE 15; There has been treatment or conservative therapy.; Her headaches are extremely debilitating. She hasn't worked a steady job in years. She reminds me that she is taking up seasonal jobs here and there but even working these is difficult.Tried recently to work , but florescent lights and other factors mad; Botox only marginally effective. Instead of getting headaches every day of the month - reduced thoroughly 23 out of 30 days.  She's tried a large number of preventives and either they did not help or she didn't tolerate them.	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.; 2013; There has been treatment or conservative therapy.; Patient gets dizzy, loss of consciousness, disoriented, starts spitting, falls and hit head 1 to 3 times a day.; Patient is on medication.	1
Neurology	Disapproval	70547 Mr angiography neck w/o dye	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 7/8/16; There has not been any treatment or conservative therapy.; <loss of vision, ct head showed he had a infarct	1

Neurology	Disapproval	70547 Mr angiography neck w/o dye	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; 3/2016; There has been treatment or conservative therapy.; TIA like symptoms, left sided numbness of arms and legs, syncope, disorientation; memory change, patient feels like she is in a fog. Patient has had confusion, could not get the right words to come out. Excessive sweating. Patient also has migraines.; Patient has had and ECHO 7/18/2016. Stress Test 7/21/2016. Tilt Table Test and an EP Study 8/4/2016. Also had a PFO bubble study. Patient has had lab work drawn. Patient is also pending a sleep study.	1
Neurology	Disapproval	70547 Mr angiography neck w/o dye	Radiology Services Denied Not Medically Necessary	The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is not a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This is a request for a Neck MR Angiography.; The patient has not had an abnormal ultrasound of the neck.	1
Neurology	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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; Mr. McMahon that is seen in consultation of Dr. Hutchison regarding headaches that have become more frequent over the years. He has had similar headaches for perhaps 20 years and now they can increase to a weekly headache lasting several days to signific; There has not been any treatment or conservative therapy.; Mr. McMahon that is seen in consultation of Dr. Hutchison regarding headaches that have become more frequent over the years. He has had similar headaches for perhaps 20 years and now they can increase to a weekly headache lasting several days to signific	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	1. *ha  The patient presents with a history of recurring headaches with a throbbing quality as well as photo and phonophobia. She says that stress can trigger these. She also reports that she has some tingling in her hands and feet at times which is ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	1. Numbness  Onset was 1 month ago. Associated symptoms include dizziness, headache, neck stiffness, paresthesia and tingling. Pertinent negatives include bladder incontinence, bowel dysfunction and falling. Additional information: Some numbness in ha; This study is being ordered for a neurological disorder.; 07/05/2016; There has been treatment or conservative therapy.; NUMBNESS,DIZZINESS,HEADACHE,NECK STIFFNESS,PARESTHESIA AND TINGLING.RIGHT MEDIAL THIGH PAIN WHEN WALKING.RADICUULOPATHY COMPONET INTO RIGHT ARM,HISTORY OF NECK PAIN.HEADACHES-FEELS LIKE COTTON IN BRAIN AND HAD A GLASS OF WINE,FACE FEELS SWOLLEN AND NUMB.M; DID OCCIPITAL BLOCK FOR HEADACHE RELIEF.HER EMG WAS C/W RCTS.WEARING BRACE AT HS TO HELP,STOP CERTAIN YOGA POSITIONS.NERVE BLOCKS PROCEDURE HAVE BEEN USED.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Decreased hearing H/A; This study is being ordered for a neurological disorder.; 07/19/2016; There has been treatment or conservative therapy.; Seizures dizziness double vision; Rx medication	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	memory loss, mostly short term  1 year, worsening decreased appetite  waking up at night    lightheaded, off balance about 1 year as well; 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	MIGRAINES OCCUR DAILY, VERTEX, STABBING, HISTORY OF MIGRAINE X 10 YEARS. NO RELIEVING FACTORS. SYMPTOMS: BLURRED VISION, NAUSEA, PHONOPHOBIA, PHOTOPHOBIA, SCINTILLATIONS AND SCOTOMA. MUACH WORSE PAST 4 MONTHS AND PAIN IN VERTEX LIKE POLE STUCK IN HEAD. USES EM DAILY.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MRI Brain 12/2015 showed extensive white matter lesions of the brain. Concern of underlying vasculitis versus resultant from small vessel disease.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; This study is NOT being ordered as a 12 month annual follow up.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MRI demyelinating disease, C-spine MRI rule out spinal stenosis; This study is being ordered for a neurological disorder.; September, 2013; There has not been any treatment or conservative therapy.; legs fall asleep numbness and tingling bowel and bladder dysfunction	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt states not processing things, excessively sleepy, couple of episodes either black out or fell asleep; This study is being ordered for Vascular Disease.; June 6, 2016; There has been treatment or conservative therapy.; blurred vision, photophobia, phonophobia, nausea and vomiting; She had a CT, an MRI, Carotid Doppler	1

Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She also complains of lightheadedness, nausea and headaches which started around April of 2016. The headaches occur every day. the lightheadedness also occurs every day. In April, she had a coronary angiogram and ties this to that angiogram.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient began having altered smell sensation approximately 2 years ago after a viral respiratory infection. Her smell never returned to normal. She can smell certain items such as cilantro and dead chickens in the chicken houses. She also states that ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a loss of smell.; 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	The patient is a 57 year old woman who came in because of memory difficulty. She is also somewhat depressed and has tension headaches. I gave her amitriptyline 25 mg going to 100 mg. over three weeks for her headaches and her headaches are better. She is; 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	The patient is a 58 year old man who comes in with episodes of head pressure and what he refers to as motion sickness. He said that these episodes can be triggered by bending over and if he does that the whole day is shot. I asked him what he meant by tha; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10 YEARS AGO; It is not known if there has been any treatment or conservative therapy.; pressure in his head, tinnitus ,	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient is a pleasant 49 year old female who is complaining of worsening headaches, dizziness, and tremor. She is concerned she may have Parkinson's since it runs in her family. She was sent for an EEG which showed a normal awake and drowsy recording.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1
Neurology	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 seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	1

Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Today Jenny comes in for her follow-up visit. I'm seeing her for chronic intractable headaches and migraines. ; Botox only marginally effective. Instead of getting headaches every day of the month - reduced thoroughly 23 out of 30 days. ; She's tried a; This study is being ordered for Vascular Disease.; SINCE AGE 15; There has been treatment or conservative therapy.; Her headaches are extremely debilitating. She hasn't worked a steady job in years. She reminds me that she is taking up seasonal jobs here and there but even working these is difficult.Tried recently to work , but florescent lights and other factors mad; Botox only marginally effective. Instead of getting headaches every day of the month - reduced thoroughly 23 out of 30 days. ; She's tried a large number of preventives and either they did not help or she didn't tolerate them.	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.; 2013; There has been treatment or conservative therapy.; Patient gets dizzy, loss of consciousness, disoriented, starts spitting, falls and hit head 1 to 3 times a day.; Patient is on medication.	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.; 01/022013; There has been treatment or conservative therapy.; spells vertigo/ difficulty with gate/weakness in legs / hearing loss/ headaches; saw ENT DR / she has been on several medications not helping / worried it might be MS dr wants to rule out MS	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.; 1/2016; There has been treatment or conservative therapy.; Numbness, falling, poor balance, CVA, hearing loss, stroke; Unknown	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.; Patient states that she has had severe headaches for a few years now. We have only seen the patient in the office one time and the only clinical information that we have are from other providers. Patient complains that the severity and frequency in the he; It is not known if there has been any treatment or conservative therapy.; Patient states that she has 15+ headaches per month. Sensitive to light and sound, along with nausea and vomiting. Patient reports photophobia / phonophobia. Patient states that she feels a burning, radiating pain in her head that radiates down the neck.	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.; years; There has been treatment or conservative therapy.; headaches daily basic/ throughout head / photo phobia; medication / infusion and nothing has worked	1
Neurology	Disapproval	70554 Functional MRI Brain	Radiology Services Denied Not Medically Necessary	Decreased hearing H/A; This study is being ordered for a neurological disorder.; 07/19/2016; There has been treatment or conservative therapy.; Seizures dizziness double vision; Rx medication	1

Neurology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	He has lost 30+ lbs for no known reason and has been losing muscle mass too. His lumbar MRI showed a renal mass which is concerning given his strong family history of cancer. Would like to send him for CT chest/abdomen/pelvis to look for an underlying mal; 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
Neurology	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.	1
Neurology	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 08/11/2016; There has been treatment or conservative therapy.; numbness; meds	1
Neurology	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.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; loss of motor skills pain behind left shoulder left leg and hand or numb; 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 a neurological disorder.; 07/12/2016; There has been treatment or conservative therapy.; seizures, numbness; medications	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.; 10 years ago; There has been treatment or conservative therapy.; severe pain,; medications, chiropractor, orthopedic, home exercise.	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.; 4-5 months ago; There has been treatment or conservative therapy.; cervical spine- neck pain, numbness tingling in left are worst with use, brain mri- worsening headache since 2015; medication inflammatory- muscle spasms	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.; < 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	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in arms, gripping; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; beginning of august; It is not known if there has been any treatment or conservative therapy.; radiating pain with numbness and tingling in hands and legs	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.; Mr. McMahon that is seen in consultation of Dr. Hutchison regarding headaches that have become more frequent over the years. He has had similar headaches for perhaps 20 years and now they can increase to a weekly headache lasting several days to significant; There has not been any treatment or conservative therapy.; Mr. McMahon that is seen in consultation of Dr. Hutchison regarding headaches that have become more frequent over the years. He has had similar headaches for perhaps 20 years and now they can increase to a weekly headache lasting several days to significant	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	AT The time she was being followed for carpal tunnel syndrome principally involving the right upper extremity. This was confirmed with EMG nerve conduction study back on September 2, 2015, Pain originates in her neck transitions up the posterior occiput h; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Either mild compression of the plantar nerves or lower lumbar radiculopathy. He may have some cervical component as well.; This study is being ordered for a neurological disorder.; 2 months ago; There has been treatment or conservative therapy.; numbness in R great toe, numbness bilateral upper extremities.; medication management, 2 months	1

Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	I would like to send her for an MRI Brain with and without contrast to rule out possible demyelinating process such as Multiple Sclerosis. I will also get an MRI Cervical and Thoracic Spine with and without contrast for further diagnostic evaluation of th; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; numbness all over her body, Neck and back pain as well as occasionally feeling confused and foggy. Occasional headaches; Gabapentin 200 mg TID	1
Neurology	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.; 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.; Lisa Morgan complains of neck pain. This started a few months ago and has been getting worse. The pain radiates down both arms and causes numbness/tingling and at times her hands feel clumsy and somewhat weak too. Over the past several weeks she has had s	1

Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Last MRI Cervical Spine was done without IV contrast. Patient is having worsening symptoms and has tried physical therapy. Trying to rule out cervical 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 reflex abnormality.; The patient 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 +2 and symmetrical in the upper and lower.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Leslie Johnson is a 43 year old female who comes in today for migraines. she has suffered form migraines for 2-3 years but they have worsened in frequency/severity over the past few months. They typically occur 2-3 years but they have worsened in frequenc; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; past few months.; There has been treatment or conservative therapy.; Migraines. pain starts at the top of her neck and radiates forward bitemporally. sharp throbbing pain that waxes and wanes in severity. nausea, photophobia, phonophobia. Neck pain; Relpax, Imitrex and Tizanidine. She has tried OTC meds Topamax in the past without any relief. PRN Tizanidine hasn't helped her neck pain. A course of physical therapy did not help her symptoms either.	1

Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	lumbar and cervical radiculopathy; has undergone an injection; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/24/2016; There has not been any treatment or conservative therapy.; neck pain radiates down to shoulders; numbness and tingling; back pain radiates down buttocks to posterior of legs	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MRI demyelinating disease, C-spine MRI rule out spinal stenosis; This study is being ordered for a neurological disorder.; September, 2013; There has not been any treatment or conservative therapy.; legs fall asleep numbness and tingling bowel and bladder dysfunction	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	NEUROLOGICAL HISTORY OF WORSENING BACK PAIN WITH SEVERE STABBING PAIN IN THE RIGHT LEG FROM THE KNEE DOWN WITH A BURNING, STABBING TYPE OF PAIN ASSOCIATED NUMBNESS AND TINGLING IN THE LEGS. SHE HAS DIZZINESS AND OCCASIONAL HEADACHE PAIN COUPLED WITH MILD ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; REVEALED A BROAD BASED GAIT WITH LIMP AND WEAKNESS TO LOWER EXTREMITIES; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	NUMBNESS AND PARESTHESIAS AND TINGLING ENTIRE RIGHT ARM NUMBNESS; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; 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
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient reports severe, debilitating pain from his tailbone to his head.; This study is being ordered for trauma or injury.; 06/2015; There has been treatment or conservative therapy.; Neck and back pain, intractable headaches; Physical Therapy, Gabapentin, Lumbar Spine Injections	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Radiculopathy, cervical region (M54.12). She has radicular pain in in 2007 she had an MRI of her cervical spine that showed a large disc extrusion at C6/7. She did not have surgery for this and now this is affecting her left arm more. She needs a repea; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; 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 is having some irregular jerking spells in his right arm which is new. He also has occasional numbness and tingling in his arms with neck pain. The patient is complaining now of some rightsided focal jerking. I am concerned he may have some un	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient is a 63 year old woman whose chief complaint is shakky weakness and lower left back hurts when I try to do something, restless leg, peripheral neuropatic, ringing in ears and headache. She said that she is shaky all over all the time. She sai; This study is being 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.; shaky, weakness and lower left back hurts, restless leg, peripheral neuropathic ringing in ears and headaches	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.	5
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.; 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; complains of swelling and numbness in the fingers of his right hand. he also feels tingling here.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; Yes, the patient is experiencing new onset of parathesia diagnosed by a neurologist.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1

Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; He now complains of left temporoparietal pain. He thinks it is coming from the left side of his neck and shoulder. Occasionally he is nauseated. He said he has "a little bit" of light sensitivity.; 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; MYELOPATHY,SENSORY CHANGES IN LOWER LIMBS,BRISK REFLEXES SENSORY CHANGES IN LEGS; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; Yes, the patient is experiencing new onset of parathesia diagnosed by a neurologist.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; 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

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; We will get an MRI of the cervical spine without gadolinium enhancement to evaluate for cervical etiology for her upper extremity symptoms. She can wear a neutral wrist splint at night and take vitamin B6 1500 mg q.d. no more than that due potential risk ; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; Yes, the patient is experiencing new onset of parathesia diagnosed by a neurologist.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	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; None of the above; <Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1

Neurology	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; He has persistent burning pain mostly in his left leg that starts in his mid thigh area and travels down the medial aspect of the leg to the medial ball of the foot. MRI Cervical spine for suspected 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; None of the above; patient has headache with pain radiating down to shoulders trouble opening mouth cant lay flat on back without severe pain; 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; None of the above; Patient presents with bilateral wrist pain, she underwent nerve conduction velocity which was negative with no apparent ulnar nerve damage. the etiology of her pain is unclear. MRI of c-spine is recommended to rule out cervical etiology.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; onset 4 months ago,Neck pain/upper arms,aching,no injury,symptoms:joint tenderness,numbness and tingling in the arms Further diagnostic evaluations ordered today include(s) XRAY C-SPINE 2-3 VIEWS to be performed. Cervical radiculopathy  get nerve condu	1

Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; MBR has family Hx of MS; No, there are no documented clinical findings of Multiple sclerosis.; No, there is not a laboratory or x-ray evidence of Meningitis.; No, there is not a laboratory or x-ray evidence of an infected disc, septic arthritis or "discitis".; No, there is no laboratory or x-ray evidence of a paraspinal abscess.	1
Neurology	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 laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; MRI Brain showed no acute intracranial process, a few scattered white matter Flair hyperintensities are present a nonspecific patter slightly more than expected for age. Tiny focus of fait susceptibility in the left frontal lob suggestive of a telangiectas; It is not known if there are documented clinical findings of Multiple sclerosis.; No, there is not a laboratory or x-ray evidence of Meningitis.; No, there is not a laboratory or x-ray evidence of an infected disc, septic arthritis or "discitis".; No, there is no laboratory or x-ray evidence of a paraspinal abscess.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	to rule out radiculopathy; This study is being ordered for a neurological disorder.; Neck And lower back pain; There has been treatment or conservative therapy.; neck pain and lower back pain; medications and pain clinic referral	1

Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Woman with no prior h/o HAs says she was rear-ended in an MVA 7/10/16. Hit her head on back of seat. She thinks there was some LOC, and she was very frightened when woke up. Didn't go to hospital. Saw 1' care and chiro, and had x-rays, but no brain sc; This study is being ordered for trauma or injury.; 07/10/2016; There has been treatment or conservative therapy.; Woman with no prior h/o HAs says she was rear-ended in an MVA 7/10/16. Hit her head on back of seat. She thinks there was some LOC, and she was very frightened when woke up. Didn't go to hospital. Saw 1' care and chiro, and had x-rays, but no brain sc; Woman with no prior h/o HAs says she was rear-ended in an MVA 7/10/16. Hit her head on back of seat. She thinks there was some LOC, and she was very frightened when woke up. Didn't go to hospital. Saw 1' care and chiro, and had x-rays, but no brain sc	1
Neurology	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.; loss of motor skills pain behind left shoulder left leg and hand or numb; pain medication	1
Neurology	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.; 07/12/2016; There has been treatment or conservative therapy.; seizures, numbness; medications	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.; 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 recent evidence of a thoracic spine fracture.	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.; 08/11/2016; There has been treatment or conservative therapy.; numbness; meds	1
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	A month and half history of R hemibody Paresthesia. MRI BBrain showed 4 periventricular white matter lesions; This is a request for a thoracic spine MRI.; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; There is not laboratory or x-ray evidence of a paraspinal abscess.; There is not laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	1
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	I would like to send her for an MRI Brain with and without contrast to rule out possible demyelinating process such as Multiple Sclerosis. I will also get an MRI Cervical and Thoracic Spine with and without contrast for further diagnostic evaluation of th; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; numbness all over her body, Neck and back pain as well as occasionally feeling confused and foggy. Occasional headaches; Gabapentin 200 mg TID	1

Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MRI request to rule out disc disease; This study is being ordered for a neurological disorder.; December, 2015; There has been treatment or conservative therapy.; Pain, numbness of lower extremities; pain, swelling of upper extremities; Chiropractic treatment; Meloxicam, Gabapentin, Nroco and Tramadol	1
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pleasant 45-year-old gentleman is referred for several neurological issues.; The main problem was issues in his right arm. He was having discomfort and pain that would come and go. He had a hard time writing. They did an MRI of the C-spine. I review; This study is being ordered for a neurological disorder.; The main problem was issues in his right arm. He was having discomfort and pain that would come and go. He had a hard time writing. They did an MRI of the C-spine. I reviewed the images today and there were several areas of marketed disc protrusion wi; There has been treatment or conservative therapy.; Pleasant 45-year-old gentleman is referred for several neurological issues.; The main problem was issues in his right arm. He was having discomfort and pain that would come and go. He had a hard time writing. They did an MRI of the C-spine. I review; PCP clinical events reviewed. Patient is having neck pain, back pain, leg pain. Lab work includes a normal white blood cell count and platelet count as well as normal hemoglobin. Apparently patient is seen in neurologist in Branson for his leg pain.	1

Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient will be sent for a repeat scan of his brain, cervical spine, and thoracic spine all with and without contrast MS protocol in October of 2016 to ensure stability on his disease modifying therapy, Rebif. Will also continue his vitamin D. Will ge; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or conservative therapy.; Multiple Sclerosis; Ampyra, And currently on Rebif.	1
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This 21 year old female patient has a neuropathy that started suddenly on 06/10/16 and only in the last three and a half weeks it has progressed to just below the knees bilaterally. Motor exam shows 4/5 weakness of dorsiflexion bilaterally. She has 4/5 ; This study is being ordered for a neurological disorder.; 6/10/2016; There has not been any treatment or conservative therapy.; Sudden onset numbness tingling and swelling bilateral lower extremities in a 21 year old female who is otherwise healthy.	1
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1

Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; MYELOPATHY,CVA,TRAUMA,NEURAL FORAMINAL NARROWING,DIZZY,OFF BALANCE,LEG SWELLING,LEGS HYPERSENSITIVE,CRAMPING,HARD TIME MOVING LEGS,SEVERE BACK PAIN; 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.; MYELOPATHY,REFLEXES 3t UPPER AND LOWER EXTREMITIES,POSITIVE UNSTEADINESS,DIZZINESS,SEVERE BACK PAIN,NUMBNESS,TINGLING; 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	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.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Neurology	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

Neurology	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.; beginning of august; It is not known if there has been any treatment or conservative therapy.; radiating pain with numbness and tingling in hands and legs	1
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Lumbago w/ sciatica of right side  Probably has meralgia paresthica but pain isn't a big complaint. Neg exam other than weakness proximal right leg and some sensory loss. Has hx abn MR lumbar spine that doesn't explain her sx and findings. Will repeat ; 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 Location of numbness is left leg. The problem occurs constantly. Trauma type: fall. Symptom is aggravated by movement. Relieving factors include sitting. Additional information: Had a fall in 1999 on ice, landed on back. Has fallen 5-6 x in 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.	1
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	lumbar and cervical radiculopathy; has undergone an injection; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/24/2016; There has not been any treatment or conservative therapy.; neck pain radiates down to shoulders; numbness and tingling; back pain radiates down buttocks to posterior of legs	1

Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MRI request to rule out disc disease; This study is being ordered for a neurological disorder.; December, 2015; There has been treatment or conservative therapy.; Pain, numbness of lower extremities; pain, swelling of upper extremities; Chiropractic treatment; Meloxicam, Gabapentin, Nroco and Tramadol	1
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	nerve conduction study showed major neurogenic changes; This study is being ordered for a neurological disorder.; 5 mos ago; There has been treatment or conservative therapy.; can barely walk, paresthesia, numbness, and tingling, foot drop,;	1
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	New onset radiating pain and tingling medial thigh into foot in an L5 Distribution on the right suggesting possible acute lumbar radiculitis.; 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	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	New persistent chronic daily headache now of approximately 1 months' duration or a little over that. CSF has been fairly unremarkable except for nonspecific mild elevation in her protein level. MRI brain was unremarkable which the doctor is going to repea; This study is being ordered for a neurological disorder.; 6.06.2016; There has been treatment or conservative therapy.; Pressure pain in the posterior occipital head region. When she touches her head or when she lays down on the back of her head it seems to actually worsen. She has sharp shooting pains in her head in random areas, now more on the left than the right; it us; CT, Ibuprofen and Excedrin, tompiramte 25 mg, MRI and MRA.	1

Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Orthostatic dorsal foot and lower leg pain and paresthesias; -In concert with lower back pain may represent incipient lumbar radiculopathy; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pain radiating to the right leg. Ongoing for 10 years, getting increasingly worse.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient reports severe, debilitating pain from his tailbone to his head.; This study is being ordered for trauma or injury.; 06/2015; There has been treatment or conservative therapy.; Neck and back pain, intractable headaches; Physical Therapy, Gabapentin, Lumbar Spine Injections	1

Neurology

Disapproval

72148 MRI LUMBAR
SPINE OR LOW BACK
WITHOUT CONTRAST

Radiology Services Denied Not
Medically Necessary

Pleasant 45-year-old gentleman is referred for several neurological issues. The main problem was issues in his right arm. He was having discomfort and pain that would come and go. He had a hard time writing. They did an MRI of the C-spine. I review; This study is being ordered for a neurological disorder. The main problem was issues in his right arm. He was having discomfort and pain that would come and go. He had a hard time writing. They did an MRI of the C-spine. I reviewed the images today and there were several areas of marketed disc protrusion wi; There has been treatment or conservative therapy. Pleasant 45-year-old gentleman is referred for several neurological issues. The main problem was issues in his right arm. He was having discomfort and pain that would come and go. He had a hard time writing. They did an MRI of the C-spine. I review; PCP clinical events reviewed. Patient is having neck pain, back pain, leg pain. Lab work includes a normal white blood cell count and platelet count as well as normal hemoglobin. Apparently patient is seen in neurologist in Branson for his leg pain.

1

Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Right leg pain  Onset: 1 year ago. It occurs constantly. Location: right. Additional information: Had ACL tear right knee. Also umbilical hernia surgery 5 mo ago. Now pain right lateral thigh and lumbar spine. Numb and tenderness. some of pain is ; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; 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	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 Neurological deficit(s)	6
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	to rule out radiculopathy; This study is being ordered for a neurological disorder.; Neck And lower back pain; There has been treatment or conservative therapy.; neck pain and lower back pain; medications and pain clinic referral	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.; numbness tingling in legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurology	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.; 01/022013; There has been treatment or conservative therapy.; spells vertigo/ difficulty with gait/weakness in legs / hearing loss/ headaches; saw ENT DR / she has been on several medications not helping / worried it might be MS dr wants to rule out MS	1
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	We will send her for a brain MRI w/wo and a spinal screen w/wo to evaluate the status of her disease. Her disease is obviously very advanced so I do not expect her lower extremity symptoms to see much if any improvement.; This study is 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, fatigue, paresthesias.; Aubagio	1

Neurology	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	He has lost 30+ lbs for no known reason and has been losing muscle mass too. His lumbar MRI showed a renal mass which is concerning given his strong family history of cancer. Would like to send him for CT chest/abdomen/pelvis to look for an underlying mal; 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
Neurology	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Left thigh pain. Meralgia paresthetica; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
Neurology	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Numbness in left lateral thigh.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
Neurology	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10 years ago; There has been treatment or conservative therapy.; severe pain,; medications, chiropractor, orthopedic, home exercise.	1
Neurology	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	SHOULDER PAIN HURTS TO LIFT AND MOVE.; 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
Neurology	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	nerve conduction study showed major neurogenic changes; This study is being ordered for a neurological disorder.; 5 mos ago; There has been treatment or conservative therapy.; can barely walk, paresthesia, numbness, and tingling, foot drop,;	1

Neurology	Disapproval	76390 Mr spectroscopy	Radiology Services Denied Not Medically Necessary	This is a request for MRS.	2
Neurology	Disapproval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	Radiology Services Denied Not Medically Necessary		1
Neurology	Disapproval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	Radiology Services Denied Not Medically Necessary	; This is a request for a Metabolic Brain PET scan; This study is being ordered for Alzheimer's disease.	1
Neurology	Disapproval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	Radiology Services Denied Not Medically Necessary	; This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.	1
Neurology	Disapproval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	Radiology Services Denied Not Medically Necessary	forgetfulness, cant remember names, repetitive with names. disoriented when waking up.; This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.	1
Neurology	Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	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	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

OB/Gynecology	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 suspicion of neoplasm, or metastasis.ostct"	1
OB/Gynecology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the brain.	1
OB/Gynecology	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.; 6/12/2016; It is not known if there has been any treatment or conservative therapy.; Patient had a post partum seizure.	1

OB/Gynecology

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

OB/Gynecology

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

OB/Gynecology	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 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
OB/Gynecology	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.; 6/12/2016; It is not known if there has been any treatment or conservative therapy.; Patient had a post partum seizure.	1
OB/Gynecology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Migraines; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The 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

OB/Gynecology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Suspected Tumor, elevated prolactin level, weight loss, adminaria.; 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
OB/Gynecology	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
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.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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.	2

OB/Gynecology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	1
OB/Gynecology	Approval	71250 CT CHEST, THORAX		1
OB/Gynecology	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
OB/Gynecology	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
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 not a hematologist/ oncologist.	1
OB/Gynecology	Approval	71250 CT CHEST, THORAX	3 month follow up scans to evaluate current disease status.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 known tumor.	1
OB/Gynecology	Approval	71250 CT CHEST, THORAX	Evaluate disease response after 3 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
OB/Gynecology	Approval	71250 CT CHEST, THORAX	Heart palpitations while doing physical activity.; 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
OB/Gynecology	Approval	71250 CT CHEST, THORAX	patient has elevated ca 125 with a possible recurrence of endometrial cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
OB/Gynecology	Approval	72192 CT PELVIS WITHOUT CONTRAST		2

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 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	72192 CT PELVIS WITHOUT CONTRAST	Abd pain/pelvic pain The symptoms began 2 months ago and generally lasts 2 Months. The symptoms are reported as being moderate. The symptoms occur constantly. Aggravating factors include lifting. ur bowel function n; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
OB/Gynecology	Approval	72192 CT PELVIS WITHOUT CONTRAST	Evaluate swollen lymph nodes and pelvic pain with irregular menstruation; 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	IUD location removal; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1

OB/Gynecology	Approval	72192 CT PELVIS WITHOUT CONTRAST	Lymph nodes enlarged  palpable, mobile, non-tender nodes in this very thin patient. Has to tell if these are just palpable b/c of her size or if they are truly enlarged. Will eval further b/c of firmness. CT of pelvis ordered to eval further. ADNEXA-; 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	Mass on Pelvic Ultrasound 8/4/2016 showing Rt ovarian mass.; 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
OB/Gynecology	Approval	72192 CT PELVIS WITHOUT CONTRAST	Mass; 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	72192 CT PELVIS WITHOUT CONTRAST	undergoing diagnostic laparoscopy and has seen chiropractor; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
OB/Gynecology	Approval	72196 MRI PELVIS		2

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.; 8/30/2016; There has not been any treatment or conservative therapy.; MBR has hematuria cramps and pain in the Abdomen	1
OB/Gynecology	Approval	72196 MRI PELVIS	55yo for new GYN with complaint of vaginal discharge, pelvic pain, bleeding, dyspareunia for past 2 months. She reports these symptoms have increased significantly in past month. She has a history of vaginal mesh placement for urinary incontinence and rec; This is a request for a Pelvis MRI.; No, this is not a preoperative study.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1
OB/Gynecology	Approval	72196 MRI PELVIS	c section, regular ultrasound and found something, need to retain product from delivery.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
OB/Gynecology	Approval	72196 MRI PELVIS	N/A; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
OB/Gynecology	Approval	72196 MRI PELVIS	per surgery dr. found pinched nerve; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
OB/Gynecology	Approval	72196 MRI PELVIS	Pregnant 28 week and 1 day uterine fibroid; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
OB/Gynecology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	1

OB/Gynecology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1
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?	12
OB/Gynecology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Chronic right knee pain. Had a fall in September 2014, xrays at the time did not show any fracture. Did show bone spur. Pain has returned and is not relieved by OTC NSAIDS. Persistent swelling, pain, weakness; 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
OB/Gynecology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1

OB/Gynecology	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
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 not a hematologist/ oncologist.	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	3 month follow up scans to evaluate current disease status.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	<p>appendicitis to be 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.; This is not the first 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.</p>	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>Evaluate disease response after 3 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.</p>	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>none; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.</p>	1

OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	patient has elevated ca 125 with a possible recurrence of endometrial cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient underwent Total Abdominal Hysterectomy and enterotomy on 6-21-16. Upon postop exam 6-28-16, the wound was not well approximated with redness and warmth to touch, has been on po antibiotics since 6-28-16. Pain is constant and severe. Pt is passing ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; 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
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has post menopausal bleeding, ovarian cysts and an abdominal hernia; this is just part of the workup; 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	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.; 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
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;	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 not a first follow up study for a post operative complication.; Pre-op or post op evaluation; STATUS POST TAH WITH LLQ PAIN. POSSIBLE HERNIA. TENDER TO LEFT OF UPPER INCISION. HAD AN ULTRASOUND WHICH ALSO SHOWED A FLUID COLLECTION IN THE ABDOMEN ABOUT 3 CM ABOVE THE BLADDER.	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 not a first follow up study for a post operative complication.; Pre-op or post op evaluation; uterus removed. ordering physician is wanting follow up ct scan every 6 months	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 not a first follow up study for a post operative complication.; Pre-op or post op evaluation; Will fax all records related.	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	2
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 clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Other	1

OB/Gynecology	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
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;	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>	4
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; 68 y.o. G3P0012 with BMI 23 presents for evaluation of vaginal discharge. She reports onset of brown vaginal discharge in June or July of 2015, no inciting factor. She was treated multiple times for infection and started on premarin cream for atrophy with	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; Atypical cells	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; Cyst of ovary   Menorrhagia  Uterine leiomyoma	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 hypoplasia, 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; fever and abd 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; Generalized Abd. pain x2 months. Hyst in 04/2016. Pelvic USG on 07/11/2016 WNL.	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; possible diverticular disease	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; post op evaluation, having a lot of pain after surgery	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; Unexplained pain.	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	5
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	3
OB/Gynecology	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; Enlargement was felt during physical exam.	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.; 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
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 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	2
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	6

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.; It is not known if this is a request for initial staging of a known tumor other than prostate.; There has been a recent previous abdominal and or pelvis CT scan.; This would be a repeat of a CT of the abdomen and or pelvis within 6 weeks.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.; 9 cm mass, 564 ca1	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.; 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.	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 a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases	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.	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are 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

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 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 CARCINOMA AND FAMILY OF OVARIAN CANCER, PT HAS HAD A HYSTERECTOMOY,</p>	1
OB/Gynecology	Approval	74181 MRI ABDOMEN	<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.; 8/30/2016; There has not been any treatment or conservative therapy.; MBR has hematuria cramps and pain in the Abdomen</p>	1

OB/Gynecology	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."; Pt has severe RUQ pain, pregnancy x 35 weeks, ultrasound 8/30/2016 shows enlarged liver 25cm, multiple irregular masses seen in liver with largest at 14cm.	1
OB/Gynecology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "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
OB/Gynecology	Approval	74712 Fetal MRI	This a request for a Fetal MRI.; An ultrasound of the mother been completed.; Congenital or vascular anomalies of the brain or skull has been identified or remains uncertain after an ultrasound.	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	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 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	Abn mammogram; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	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	family history on father's side and BRCA gene is positive; 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	Had mammogram 08/25/16; Diagnostic mammogram revealed legions.; 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
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Left nipple discharge negative mammogram and ultrasound; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetric testing or a suspected implant rupture.	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Lifetime risk of breast cancer is 21.9% using the Gail risk assessment 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

OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	n/a; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; It is not known if this patient have axillary node adenocarcinoma.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	patient has known family hx 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.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; Yes, the patient have a known mutation such as BRCA1, BRCA2, PTEN or TP53.	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.	3
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	2
OB/Gynecology	Approval	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 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	will fax; 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	Will FAX; 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	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 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

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.	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 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	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 Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status.	1
OB/Gynecology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Labs, elevated prolactin level was high 32.86; 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

OB/Gynecology	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.; 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.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
OB/Gynecology	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

OB/Gynecology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.	1
OB/Gynecology	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.; esophagitis with GERD , abdominal bloating and distension; "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

OB/Gynecology	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 not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
OB/Gynecology	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 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.	1
OB/Gynecology	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.	1
OB/Gynecology	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.; arm weakness, numbness in left fingers and bottom of feet; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

OB/Gynecology	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
OB/Gynecology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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
OB/Gynecology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Significant decrease in T score declined from -1.1 to -2.2 within 5 years.; 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	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

OB/Gynecology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; unidentified mass	1
OB/Gynecology	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	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.; ONSET STARTED AROUND 3 WEEKS AGO; There has not been any treatment or conservative therapy.; presents with 3 weeks hx of sudden onset RLQ pain. Sharp with radiation into the back. Whole RLQ area tender	1
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< 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

OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Abd pain/pelvic pain; The symptoms began 2 months ago and generally lasts 2 Months. The symptoms are reported as being moderate. The symptoms occur constantly. Aggravating factors include lifting. ur bowel function normal . Pain related to lifting exertio; This is a request for an abdomen-pelvis 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
OB/Gynecology	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.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient has Crohn's Disease, Ulcerative Colitis or Diverticulitis.	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.; 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 has 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.; <Enter Additional Clinical Information>	1
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The 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 around 8 wks status post TAH/BSO with with constant left upper and lower quadrant pain.	1
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The 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

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 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
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>	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; ABD pain	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; Cyst	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; none given	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; Pain with intercourse, ultrasound done 8/17 for the pelvis, began 3 weeks pain, sharp pelvic pain triggered by intercourse, prior hysterectomy	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; Patient has been having constant severe menstrual-type cramps for over two months. Did US which was inconclusive. Needs CT for further evaluation.	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; pelvic pain	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; Pelvic pain hx of endometriosis	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 a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor	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 evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement	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 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
OB/Gynecology	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 not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
OB/Gynecology	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.; ONSET STARTED AROUND 3 WEEKS AGO; There has not been any treatment or conservative therapy.; presents with 3 weeks hx of sudden onset RLQ pain. Sharp with radiation into the back.; Whole RLQ area tender	1

OB/Gynecology	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.; 8/8/2016; It is not known if there has been any treatment or conservative therapy.; unidentified mass	1
OB/Gynecology	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	fibrocystic breasts, breast pain, inconclusive mammogram, MRI is for further imaging, does not have known 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
Obstetrics & 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
Obstetrics & 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
Obstetrics & 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; LEFT LEG SWELLING,RULE OUT MASS EFFECT,IMMUNE PROBLEM(C-GAM),HIGH RISK FOR LUMPHOMA,LEFT LEG EDEMA 1+ NON PITTING	1

Obstetrics & Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered 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
Obstetrics & Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is not known if there is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; UTI	1
Occupational Medicine	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
Occupational Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt is not able to stand without help/ unsure if area is in the hip or leg; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Occupational 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

Oncology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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 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
Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D 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 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
Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D 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

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 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
Oncology	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
Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Previous mri/mrs showed an abnormality; looking for progression.; 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	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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
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.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	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	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	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.	4
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

This study is being ordered for a metastatic disease.; This study is being ordered for a metastatic disease.; This study is being ordered for a metastatic disease.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; There are 2 exams are being ordered.; There are 2 exams are being ordered.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The ordering physician is a hematologist/ oncologist.; The ordering physician is a hematologist/ oncologist.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; The diagnosis of cancer or tumor has been established.; The diagnosis of cancer or tumor has been established.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Reoccurrence of cancer; Reoccurrence of cancer; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.; Other tests such as laboratory or ultrasound or

1

Oncology	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
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.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Oncology	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

Oncology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	MD is oncology only; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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
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.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Oncology	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

Oncology	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.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Oncology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	MD is oncology only; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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
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.	4
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.; Restaging 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

This study is being ordered for a metastatic disease.; This study is being ordered for a metastatic disease.; This study is being ordered for a metastatic disease.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; There are 2 exams are being ordered.; There are 2 exams are being ordered.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The ordering physician is a hematologist/ oncologist.; The ordering physician is a hematologist/ oncologist.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; The diagnosis of cancer or tumor has been established.; The diagnosis of cancer or tumor has been established.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Reoccurrence of cancer; Reoccurrence of cancer; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.; Other tests such as laboratory or ultrasound or

1

Oncology	Approval	76390 Mr spectroscopy	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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
Oncology	Approval	76390 Mr spectroscopy	Previous mri/mrs showed an abnormality; looking for progression.; 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	77058 MRI breast,without and/or with contrast material(s);unilateral	patient has family hx of breast cancer in her mother who was diagnosed at age 31. She is negative for mutation by MyRisk testing. She was last seen for eval of right breast erythema that began around 1.5 months after her latest son was born, which has n; 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

Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; Yes, the patient have a known mutation such as BRCA1, BRCA2, PTEN or TP53.	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 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
Oncology	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. >	1
Oncology	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 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; 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

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.; 1 PET Scans has already been 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 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
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.; 1 PET Scans has already been performed on this patient for this cancer.	1
Ophthalmology	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
Ophthalmology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.		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"	4

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.	2
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.	"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 suspicion of neoplasm, or metastasis.ostct"	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 suspicion of bone infection, cholesteoma, or inflammatory disease.ostct"	3
Ophthalmology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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

Ophthalmology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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
Ophthalmology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; 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 2 exams are being ordered.; One of the studies being 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	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 08/05/2016; There has not been any treatment or conservative therapy.; Vision problems	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.; 6/27/2016; There has not been any treatment or conservative therapy.; sudden onset diplopia	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 NOT 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	; This study is being ordered for a neurological disorder.; 07/07/2016; It is not known if there has been any treatment or conservative therapy.; Cloudy vision	1
Ophthalmology	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.; one month ago; There has not been any treatment or conservative therapy.; Flashes, light; vision loss OD	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	bump right lower lid; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/22/16; There has been treatment or conservative therapy.; ha; biopsy	1

Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	chronic papillary edema.; This study is being ordered for Inflammatory/ Infectious Disease.; since patient was 17 years old, has not had ins.; It is not known if there has been any treatment or conservative therapy.; Patient may have glaucoma, elevated pressure, migraine headaches, blurred vision, cant see out of left eye, 20/20 on rt eye, count fingers @ 5 ft w left eye. Refracted 20/20 on right eye, 20/80 left eye. Confrontation fills abnormal on left eye, color pla	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	CONTINUED FOLLOW UP IN MEMBER WITH OPTIC NEURITIS AFTER TREATMENT; This study is being ordered for Inflammatory/ Infectious Disease.; 6/23/2016; There has been treatment or conservative therapy.; DECREASING VISUAL ACUITY THAT AFFECTED BOTH EYES, BRIGHTNESS OR WHITE OUT OF THE VISION IN HIS RIGHT EYE, PAIN; IV SOLUMEDROL, ORAL STEROIDS	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	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.; 2 YEARS AGO; There has been treatment or conservative therapy.; DOUBLE VISION; WEARS GLASSES SINCE AGE 5	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	looking for 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

Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	NONE; This study is being ordered for a neurological disorder.; 10 days ago; There has not been any treatment or conservative therapy.; Double vision	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Optic atrophy right eye; This study is being ordered for a neurological disorder.; 07/28/2016; There has been treatment or conservative therapy.; Elevated IOP; Unknown	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Pt has edema in left eye and hemorrhage.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; beginning of august 2016; There has been treatment or conservative therapy.; Pt has constant headache pain for the past 5 days, pain w/ movement of left eye, blurry vision, dizziness, sensitivity to light, fatigue, tingling in hands and feet, 2 degree neuropathy.; over the counter medications	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	4
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury.	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	unknown; This study is being ordered for a neurological disorder.; about 3 weeks ago; There has been treatment or conservative therapy.; Pt has consistent headaches and tingling; Pt is taking medications	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.; 6 weeks ago; There has been treatment or conservative therapy.; headache daily for 6 weeks, visual disturbances, positive dizziness, weakness, nausea, tingling, family history of wagners.; over the counter meds,	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.; 7/29/2016; There has not been any treatment or conservative therapy.; decrease vision in right eye	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Visual field defect left eye, optic nerve atrophy left eye; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	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.; 6 wks ago; It is not known if there has been any treatment or conservative therapy.; head ache nausea flashers and floaters dizziness tingling hands and feet	1

Ophthalmology	Approval	70544 Mr angiography head w/o dye	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	1
Ophthalmology	Approval	70544 Mr angiography head w/o dye	Pt has edema in left eye and hemorrhage.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; beginning of august 2016; There has been treatment or conservative therapy.; Pt has constant headache pain for the past 5 days, pain w/ movement of left eye, blurry vision, dizziness, sensitivity to light, fatigue, tingling in hands and feet, 2 degree neuropathy.; over the counter medications	1
Ophthalmology	Approval	70544 Mr angiography head w/o dye	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	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.	2

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	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.; 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	< 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
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.; 08/05/2016; There has not been any treatment or conservative therapy.; Vision problems	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.; 08/01/2016; There has been treatment or conservative therapy.; right upper lid droop, double vision, headaches,; otc meds	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.; 1 MONTH AGO; There has been treatment or conservative therapy.; headaches; MEDICATION	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.; 6 wks ago; It is not known if there has been any treatment or conservative therapy.; head ache nausea flashers and floaters dizziness tingling hands and feet	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.; 6/27/2016; There has not been any treatment or conservative therapy.; sudden onset diplopia	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 07/07/2016; It is not known if there has been any treatment or conservative therapy.; Cloudy vision	1

Ophthalmology	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
Ophthalmology	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.; one month ago; There has not been any treatment or conservative therapy.; Flashes, light; vision loss OD	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	bump right lower lid; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/22/16; There has been treatment or conservative therapy.; ha; biopsy	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	chronic papillary edema.; This study is being ordered for Inflammatory/ Infectious Disease.; since patient was 17 years old, has not had ins.; It is not known if there has been any treatment or conservative therapy.; Patient may have glaucoma, elevated pressure, migraine headaches, blurred vision, cant see out of left eye, 20/20 on rt eye, count fingers @ 5 ft w left eye. Refracted 20/20 on right eye, 20/80 left eye. Confrontation fills abnormal on left eye, color pla	1

Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	CONTINUED FOLLOW UP IN MEMBER WITH OPTIC NEURITIS AFTER TREATMENT; This study is being ordered for Inflammatory/ Infectious Disease.; 6/23/2016; There has been treatment or conservative therapy.; DECREASING VISUAL ACUITY THAT AFFECTED BOTH EYES, BRIGHTNESS OR WHITE OUT OF THE VISION IN HIS RIGHT EYE, PAIN; IV SOLUMEDROL, ORAL STEROIDS	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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.; 2 YEARS AGO; There has been treatment or conservative therapy.; DOUBLE VISION; WEARS GLASSES SINCE AGE 5	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	history of stroke in the past; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	looking for 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
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.; 4 Months ago; It is not known if there has been any treatment or conservative therapy.; Anisocoria, headaches, fatigue, tingling in the hands,	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	None; This study is being ordered for a neurological disorder.; 08/2016; There has been treatment or conservative therapy.; H/A worsening eye pain weakness; OTC medication	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	NONE; This study is being ordered for a neurological disorder.; 10 days ago; There has not been any treatment or conservative therapy.; Double vision	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Optic atrophy right eye; This study is being ordered for a neurological disorder.; 07/28/2016; There has been treatment or conservative therapy.; Elevated IOP; Unknown	1

Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has birdshot chorioretinitis of eye; 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
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; 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

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.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	4
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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.; 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.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	1
Ophthalmology	Approval	70551 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
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 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	unknown; This study is being ordered for a neurological disorder.; about 3 weeks ago; There has been treatment or conservative therapy.; Pt has consistent headaches and tingling; Pt is taking medications	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.; 7/29/2016; There has not been any treatment or conservative therapy.; decrease vision in right eye	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		Visual field defect left eye, optic nerve atrophy left eye; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	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
Ophthalmology	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
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. >; 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	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
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.; 08/01/2016; There has been treatment or conservative therapy.; right upper lid droop, double vision, headaches,; otc meds	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.; 09/01/2016; There has not been any treatment or conservative therapy.; Decreased vision in right eye	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.; 1 MONTH AGO; There has been treatment or conservative therapy.; headaches; MEDICATION	1
Ophthalmology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	CONTINUED FOLLOW UP 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.; 3/12/2015; There has not been any treatment or conservative therapy.; BLURRY VISION, HEADACHES, DECREASED VISION	1
Ophthalmology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	CONTINUED FOLLOW UP; This study is being ordered for Inflammatory/ Infectious Disease.; 4/20/2016; There has not been any treatment or conservative therapy.; TILTED DISC ON EXAM, WORSENING VISION, MYOPIA	1
Ophthalmology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	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.; 4 Months ago; It is not known if there has been any treatment or conservative therapy.; Anisocoria, headaches, fatigue, tingling in the hands,	1
Ophthalmology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for a neurological disorder.; 08/2016; There has been treatment or conservative therapy.; H/A worsening eye pain weakness; OTC medication	1

Ophthalmology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	R/O mass or 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	Disapproval	70547 Mr angiography neck w/o dye	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; diplopia and jaw decladation left side.; There has not been any treatment or conservative therapy.; piplopia and jaw declawdation. Referring out to another ophthomologist	1
Ophthalmology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for 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 not been any treatment or conservative therapy.; Decreased vision in right eye	1

Ophthalmology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; diplopia and jaw decladation left side.; There has not been any treatment or conservative therapy.; piplopia and jaw declawdation. Referring out to another ophthomologist	1
Ophthalmology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	CONTINUED FOLLOW UP 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.; 3/12/2015; There has not been any treatment or conservative therapy.; BLURRY VISION, HEADACHES, DECREASED VISION	1
Ophthalmology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	CONTINUED FOLLOW UP; This study is being ordered for Inflammatory/ Infectious Disease.; 4/20/2016; There has not been any treatment or conservative therapy.; TILTED DISC ON EXAM, WORSENING VISION, MYOPIA	1
Ophthalmology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	R/O mass or 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	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.; 6 weeks ago; There has been treatment or conservative therapy.; headache daily for 6 weeks, visual disturbances, positive dizziness, weakness, nausea, tingling, family history of wagners.; over the counter meds,	1
Oral/Maxillofacial	Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY		Yes, this is a request for CT Angiography of the lower extremity.	1
Orthopedics	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
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	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

Orthopedics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient with left sided chronic headaches since an accident; This 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
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 tumor; A biopsy has been completed to determine tumor tissue type.	1
Orthopedics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a congenital abnormality.; The patient has undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; 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 why this study is being ordered.	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.	2

Orthopedics	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.; 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
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.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Orthopedics	Approval	71250 CT CHEST, THORAX	Patient with chronic left posterior lateral chest wall pain. No history of injury.; 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
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	71550 MRI CHEST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2009; There has been treatment or conservative therapy.; pain; home exercise	1
Orthopedics	Approval	71550 MRI CHEST	Review of x-rays today patient has noted inferior subluxation of the humeral head, indicative of malfunctioning deltoid.; This study is being ordered for trauma or injury.; 7/16/16; It is not known if there has been any treatment or conservative therapy.; The patient has a super sling a 1-sided super sling. The patient does have noted sag. He also has a noted inferior subluxation of the shoulder. No deltoid tone. No ability to fire his deltoid in anterior, lateral or posterior bundles. He does have sig	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	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	.Mrs. Espinoza returns and has neck pain and migraine headaches. She has had 2 surgeries initially at C6-7 and then a plate removal with anterior cervical fusion C5-C6. This last surgery was done in February of last year. She is obtained an up-to-date ; 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.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis,  Bowel or bladder dysfunction, Evidence of new foot drop, etc...	1
Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	; This study is being ordered for a neurological disorder.; 03/8/16; There has been treatment or conservative therapy.; Pain in the cervical and lumbar back radiating to all extremities. Weakness and numbness in the bilateral buttock area and bilateral legs. Gait disturbance, restrictive range of motion and muscle spasms with mobility; Physical Therapy, Medication, Injections and lifestyle modification	1

Orthopedics	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.; 6 years ago; There has been treatment or conservative therapy.; Pain in his lower back and neck radiating to gluteal area. numbness in L leg and hands, Right and left foot weakness; Physical therapy, medication	1
Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; Pain radiates into left posterior shoulder, upper arm, and forearm. She also has numbness and tingling in elbow. Back pain radiates into the left lateral hip, lateral/anterior thigh, lateral calf region. Positive for numbness and tingling in the left ante;	1
Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	; This study is being ordered for trauma or injury.; July 2016.; There has been treatment or conservative therapy.; Patient felt popping, pain and swelling of left side of the neck and arm. Patient has limited range of motion in the neck and left arm. Patient has ongoing left arm radiculopathy.; Patient has had physical therapy and 2 epidural cervical injections.	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; 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	Medical therapy also.; This study is being 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 suffers with the pain in lower back; pain in across shoulders to neck which radiates to head.; back surgery, PT March 2015 post op.	1
Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	mri was performed and cannot see fusion behind the plate; plate is riding high over the plate; 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	Prior fusion C5-C6 C6-C7 with possible adjacent level disc degeneration and symptomatic foraminal stenosis with C5 radiculopathy; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
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 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.	3
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 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.	2

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	3
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.; ; There has been treatment or conservative therapy.;	1
Orthopedics	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Pt is being prepared for surgery on the spine. Apex rotation T6-7 to the right with significant rotational deformity. Pt has tried physical therapy for years; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Progressively increasing X 10 years; There has been treatment or conservative therapy.; Scoliosis, with moderate rotational deformity with right sided pain, chronic; Chiropractic care, mobilization of the joints and stretching, exercise and anti-inflammatories.	1
Orthopedics	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Pt is post anterior/posterior major thoraco-pelvic reconstructive surgery. she now has persistent weakness and left L3 dermatome. X ray shows a fracture in the rod on the left between L5 and S1.; This study is being ordered for trauma or injury.; 7/29/16; There has been treatment or conservative therapy.; severe pain in middle and lower back radiating into her lower extremities; non steroidal anti inflammatory medications	1

Orthopedics	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
Orthopedics	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	This is a request for a thoracic spine CT.; The study is being ordered due to Neurological deficits.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient has a recent fracture or abnormality seen on a previous imaging study	1
Orthopedics	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	This is a request for a thoracic spine CT.; The study is being ordered due to pre-operative evaluation.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting abnormal gait.; There is a known condition of neurological deficits.	1
Orthopedics	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	This patient has had surgical procedures and he is worse off now than before the surgery. He has no quality of life due to the pain with movement and not able to sleep. His xray shows possible distal junctional failure with loosening the L5 screws. Hard ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/29/2015; There has been treatment or conservative therapy.; Severe pain radiating from the back down hips and both legs; physical therapy, several surgical procedures, steroid injections, anti-inflammatories	1

Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	; This study is being ordered for a neurological disorder.; 03/8/16; There has been treatment or conservative therapy.; Pain in the cervical and lumbar back radiating to all extremities. Weakness and numbness in the bilateral buttock area and bilateral legs. Gait disturbance, restrictive range of motion and muscle spasms with mobility; Physical Therapy, Medication, Injections and lifestyle modification	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.; 3/2016; There has not been any treatment or conservative therapy.; patient underwent a spinal fusion revision in 3/15. She is reporting a significant amount of back pain that has persisted along with left leg pain. She has diminished sensation in the left anterior thigh compared to the right. concerned she has again deve	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.; 6 years ago; There has been treatment or conservative therapy.; Pain in his lower back and neck radiating to gluteal area. numbness in L leg and hands, Right and left foot weakness; Physical therapy, medication	1
Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	1

Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	Post L5-S1 TLIF and PSIF on 5/5/16; Severe, debilitating pain in left buttock radiating down left 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.; 06/05/2016; There has not been any treatment or conservative therapy.; Post L5-S1 TLIF and PSIF on 5/5/16; Severe, debilitating pain in left buttock radiating down left leg	1
Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	Pt is being prepared for surgery on the spine. Apex rotation T6-7 to the right with significant rotational deformity. Pt has tried physical therapy for years; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Progressively increasing X 10 years; There has been treatment or conservative therapy.; Scoliosis, with moderate rotational deformity with right sided pain, chronic; Chiropractic care, mobilization of the joints and stretching, exercise and anti-inflammatories.	1
Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	Pt is post anterior/posterior major thoraco-pelvic reconstructive surgery. she now has persistent weakness and left L3 dermatome. X ray shows a fracture in the rod on the left between L5 and S1.; This study is being ordered for trauma or injury.; 7/29/16; There has been treatment or conservative therapy.; severe pain in middle and lower back radiating into her lower extremities; non steroidal anti inflammatory medications	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.	17
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.	2
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.	4
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.	12
Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	This patient has had surgical procedures and he is worse off now than before the surgery. He has no quality of life due to the pain with movement and not able to sleep. His xray shows possible distal junctional failure with loosening the L5 screws. Hard ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/29/2015; There has been treatment or conservative therapy.; Severe pain radiating from the back down hips and both legs; physical therapy, several surgical procedures, steroid injections, anti-inflammatories	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 a neurological disorder.; 8/19/16; There has been treatment or conservative therapy.; pain, left arm pain and weakness, right leg weakness; physical therapy 4 days, medication	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; neck pain that radiates to shoulder and into arms.; pt, surgery,	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.; ; There has been treatment or conservative therapy.; NECK AND LOW BACK, UPPER AND LOWER EXTREMITY PAIN AND NUMBNESS; INJECTIONS AND ANTI INFLAMMATORY MEDICATIONS, AND PAIN MEDICATION	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.; 8/2015; There has been treatment or conservative therapy.; mbr has pain in neck, back, and shoulder R/O rotator cuff tear; injection, PT and medication	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; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
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 no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient is having swelling, tightness, and weakness in grip strength. Patient is also having neck pain, with upper extremity pain, 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	; 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.; Meloxicam and Tizanidine	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 reflex abnormality.; The patient 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 biceps reflex is absent.	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.; Numbness, decreased mobility, tenderness, and weakness with severe back pain; Physical therapy and steroid injections	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 6 months from today; There has been treatment or conservative therapy.; decreased ROM, pain in shoulder and neck; Nsaids, exercise	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 8/16/16; There has been treatment or conservative therapy.; muscle weakness, neck and back pain, difficulty walking and headache; physical therapy	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; not known; There has been treatment or conservative therapy.; Neck and lower back pain with radiculopathy. decreased mobility, numbness in bilateral feet and tenderness in lower extremities. Neuro is positive for numbness. MS is positive for decreased mobility and tenderness; non steroidal anti-inflammatory medications, life style modifications and spinal exercise	1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for Congenital Anomaly.; since she was a child , she has a 10% rotation; There has been treatment or conservative therapy.; Back and leg pain; Back Brace anti-inflamatories, exercise for years	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.; September 2015; There has been treatment or conservative therapy.; Patient is having weakness in legs. Patient is having severe aching, sharp, throbbing, inequalities, getting worse. Worse with activity.; Steroid Injections and home exercise	1
Orthopedics	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.; Pain radiates into left posterior shoulder, upper arm, and forearm. She also has numbness and tingling in elbow. Back pain radiates into the left lateral hip, lateral/anterior thigh, lateral calf region. Positive for numbness and tingling in the left ante;	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; July 2016.; There has been treatment or conservative therapy.; Patient felt popping, pain and swelling of left side of the neck and arm. Patient has limited range of motion in the neck and left arm. Patient has ongoing left arm radiculopathy.; Patient has had physical therapy and 2 epidural cervical injections.	1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Abnormal x-ray of shoulder, R/O cervical 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.; 08/01/2016; There has been treatment or conservative therapy.; Right shoulder pain, numbness in thumb and fingers with decreased sensation; Steroids and flexiril	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Burning sensation from the cervical spine to lower extremities; moderate rom; flexion and extension restrictions; patient started doing spinal exercises 08/08/2016; non steroidal anti-inflammatories; This study is being ordered for a neurological disorder.; 08/01/2016; There has been treatment or conservative therapy.; H/A and dizziness; neck pain w/radiculopathy to extremities; Medication	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	cervical decompression 1999 w/mylopathy; This study is being ordered for a neurological disorder.; 04/29/2016; There has been treatment or conservative therapy.; weakness; instability; muscle spasms; hx cervical decompression fusion; pt under another mdo	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	cervical radiculitis; 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

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	cervical spine dysfunction because of the weakness found on examination; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; tricep weakness on the left 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
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	completed physical therapy, did not help. She continues to have neck and back pain with tingling and numbness to upper and lower 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.; 2014; There has been treatment or conservative therapy.; neck and back pain with tingling and numbness to bilateral upper and lower extremities.; Physical therapy	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	EVALUATION OF 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.; 9/30/2014; There has been treatment or conservative therapy.; ADOLESCENT IDIOPATHIC SCOLIOSIS, BACK PAIN, DECREASED SPINAL RHYTHM, DIFFICULTY BENDING OVER; PHYSICAL THERAPY	1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	long-standing history of right arm pain and dysfunction with an associated tremor; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; diffuse weakness throughout the upper extremity on the right compared to the 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
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	MRI is being ordered with contrast due to recommendation from neurologist.; 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
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Ms. Schembra is a 49-year-old patient seen in the office today mainly with complaint of carpal tunnel syndrome, but also neck, shoulder, and arm pain. She relates that as far back as 1994, she had nerve testing done and was found to have bilateral carpal ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	neck pain, shoulder pain, weakness; numbness; tingling; radiation down arm, Special Tests on the Left: Spurling's test positive, tenderness of the greater tuberosity and the bicipital groove, alignment head tilted forward; severe thoracolumbar dextroscol; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Triceps Reflex Left: diminished, Special Tests on the Left: Spurling's test positive, Bony Palpation Left: tenderness of the greater tuberosity and the bicipital groove, Active Range of Motion Left: forward flexion (60 deg.) and external rotation at 0 de; 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	PATIENT HAD ATV ACCIDENT AND HAD TO BE AIR VAC'D SINCE SHE WAS OUT OF STATE. SHE HAS C7 RADICULOPATHY AND CONSTANT NECK PAIN.SENSATION IS DECREASED OVER THE RIGHT C7 DERMATOME.SPURLING'S TEST IS POSITIVE.; This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Patient has called with continued pain and weakness.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; EMG report findings: There was mild chronic denervation on EMG of the lower left cervical paraspinals, but similar denervation was not evident distally in the left upper extremity. This is therefore an equivocal finding, but could allude to mild lower cer; The patient 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>Patient has had several months of history of neck pain became worse in August. Pain radiates toward the left shoulder and proximally into the left side of her head with headaches. She experiences numbness and tingling that radiates into the left arm and; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient has tried physical therapy and medication, neck and back pain persists. She also has urinary incontinence, clumsiness to hands and feet.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2004 or 2005; There has been treatment or conservative therapy.; neck pain, clumsiness with use of hands, urinary incontinence, low back pain, unsteady on feet, weakness of legs.; Physical therapy, ibuprofen, Soma, Tramadol, Tylenol #3	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>PATIENT: Alesia Persons; MED REC NUM: 000000304541; DATE OF BIRTH: 03/21/1983; AGE: 33 Years; DATE OF VISIT: 08/30/2016 1:00 PM</p> <hr/> <p>Initial Evaluation; History; The; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; NEUROLOGIC: The patient has 5/5 strength in all upper extremity myotomes, except 4/5 right hand grip (c8), right bicep (c5), right wrist extension (c6). Sensation intact to light touch in upper extremity dermatomes. Negative Hoffmann's.. Negative clon; The patient 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	Physical therapy done 3 x week for 6 weeks and did not help. Ongoing neck and back pain with radiculopathy to upper and lower 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.; Many years ago; There has been treatment or conservative therapy.; Significant neck pain, and radiating arm symptoms left greater than right. Ongoing low back pain and radiating leg pain left greater than right. She also has had some triggering to the left thumb, and a sense of cramping and pain to the hands when she is; Physical therapy, Mobic	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Post C5-7 ACDF with severe neck and back pain with radiculopathy and numbness. Very limited ROM in back. positive Tinel'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.; 5/1/16; There has not been any treatment or conservative therapy.; severe pain in neck and back with radiculopathy and numbness in bilateral hands	1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	PRE-OPERATIVE; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/29/2016; There has not been any treatment or conservative therapy.; RAPID ONSET OF SCOLIOSIS WITH ASYMMETRY OF THE TRUNK AND SHOULDERS. MAIN THORACIC LEFT-SIDED SCOLIOSIS OF 53 DEGREES, MILD ROTATION, PROXIMAL THORACIC CURVE IS 26 DEGREES, THE THORACOLUMBAR CURVE IS 29 DEGREES	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Pt has back pain radiating over her entire body. Difficulty walking, headaches, numbness, paresthesia, decreased mobility, muscle weakness and tenderness; This study is being ordered for a neurological disorder.; 3/1/16; There has been treatment or conservative therapy.; back pain radiating to the entire body. Positive for weakness, difficulty walking, headache, numbness, paresthesia and tremors; non steroidal anti-inflammatories, spine therapy	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	r/o disc herniation; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; more than 1 year ago; There has been treatment or conservative therapy.; low back pain that radiates to legs, neck pain that radiates, numbness and tingling and leg weakness; injections in the neck and back	1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	She left tricip weakness on exam and is having numbness and a cold sensation in her left hand.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; She shows signs of left tricep 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	showing he has disc disease (ddd); This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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

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.; It is not known if this patient had a recent course of supervised physical Therapy.	6
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.; It is not known if this patient had 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; 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.	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	4
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.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	7
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 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	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.	64

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Motor Strength: C5 on the Right: abduction deltoid 4/5. C5 on the Left: abduction deltoid 3/5. C6 on the Right: flexion biceps 5/5. C6 on the Left: flexion biceps 5/5. C7 on the Right: extension triceps 5/5. C7 on the Left: extension triceps 5/5. C8 on th; 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.	52
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; <Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	2

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.	3
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Pre-Operative Evaluation; No, the last Cervical spine MRI was not performed within the past two weeks.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; The last Cervical Spine MRI was not performed within the past two weeks.	1
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.	12
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.	25
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; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; No, there are no documented clinical findings of Multiple sclerosis.; No, there is not a laboratory or x-ray evidence of Meningitis.; Yes, there is a laboratory or x-ray evidence of an infected disc, septic arthritis or "discitis".	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.; yes, there is a documented evidence of extremity weakness on physical examination.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Cervical spine pain after a fall; It is not known if the patient have new or changing neurological signs or symptoms.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Pt has a fracture after a MVA, had at C Spine CT in July 2016 that showed the fracture; 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.	2

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	trying to determine if she is a total disc replacement candidate; This study is being ordered for trauma or injury.; 07/19/2015; There has been treatment or conservative therapy.; significant weakness in trying to abduct her shoulder, numbness in the ulnar digits of her hand. Decreased sensation in the C8 dermatomal pattern however she also has a positive ulnar nerve Tinel. Weakness of rotator cuff. Bulge at C5-6 on the right side; spine injection and also she is under pain management	1
Orthopedics	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.; Pt has pain, tingling and numbness, decrease strength in his right hand, decrease sensation on the ulnar side of his right hand, pain w/ reaching over head, suspicious of rotator cuff tear or disc rupture has had cervical spine surgery in the past, had ef; xrays, NCB study, medications, steroid injection (made him sick)	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Weakness and numbness of upper extremity; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Right upper extremity weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Orthopedics	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
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 a neurological disorder.; 8/19/16; There has been treatment or conservative therapy.; pain, left arm pain and weakness, right leg weakness; physical therapy 4 days, medication	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.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; neck pain that radiates to shoulder and into arms.; pt, surgery,	1
Orthopedics	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.; Numbness, decreased mobility, tenderness, and weakness with severe back pain; Physical therapy and steroid injections	1

Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 8/16/16; There has been treatment or conservative therapy.; muscle weakness, neck and back pain, difficulty walking and headache; physical therapy	1
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for Congenital Anomaly.; since she was a child , she has a 10% rotation; There has been treatment or conservative therapy.; Back and leg pain; Back Brace anti-inflamatories, exercise for years	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.; September 2015; There has been treatment or conservative therapy.; Patient is having weakness in legs. Patient is having severe aching, sharp, throbbing, inequalities, getting worse. Worse with activity.; Steroid Injections and home exercise	1
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	EVALUATION OF 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.; 9/30/2014; There has been treatment or conservative therapy.; ADOLESCENT IDIOPATHIC SCOLIOSIS, BACK PAIN, DECREASED SPINAL RHYTHM, DIFFICULTY BENDING OVER; PHYSICAL THERAPY	1

Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if the patient has any neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.;	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.;	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.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; Patient does have a mild dorsal kyphosis.	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 undergoing surgery to fix 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.; 2000; There has been treatment or conservative therapy.; ; physical Therapy	1
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	PRE-OPERATIVE; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/29/2016; There has not been any treatment or conservative therapy.; RAPID ONSET OF SCOLIOSIS WITH ASYMMETRY OF THE TRUNK AND SHOULDERS. MAIN THORACIC LEFT-SIDED SCOLIOSIS OF 53 DEGREES, MILD ROTATION, PROXIMAL THORACIC CURVE IS 26 DEGREES, THE THORACOLUMBAR CURVE IS 29 DEGREES	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.; 64-year-old female presents to the clinic today with low back pain that radiates into her hips and lateral legs, down to about the knees. She also complains of numbness in her low back, and weakness in her legs. Her pain is moderate to severe, and keeps; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1

Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	1
Orthopedics	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
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.	3
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.; The study is being ordered due to trauma or acute injury within 72 hours.; pt. had a fall and injured thoracic area. xrays show possible T8 compression fracture	1

Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	2
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; "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.; 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 radiculopathy documented on EMG or nerve conduction study.	1
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There is x-ray or laboratory evidence of septic arthritis or discitis (i.e., infected disk).; The study is being ordered due to known or suspected infection or abscess.	1

Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This patient has had surgical procedures and he is worse off now than before the surgery. He has no quality of life due to the pain with movement and not able to sleep. His xray shows possible distal junctional failure with loosening the L5 screws. Hard ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/29/2015; There has been treatment or conservative therapy.; Severe pain radiating from the back down hips and both legs; physical therapy, several surgical procedures, steroid injections, anti-inflammatories	1
Orthopedics	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
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.; 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	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; NECK AND LOW BACK, UPPER AND LOWER EXTREMITY PAIN AND NUMBNESS; INJECTIONS AND ANTI INFLAMMATORY MEDICATIONS, AND PAIN 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; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Orthopedics	Approval	72148 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 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

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 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
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 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

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.; 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
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 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.; There is a left-sided thoracolumbar scoliosis with structural changes. There is narrowing of L3-L4 traction osteophytes as well as L4-L5 and T12-L1. Radiographically there appears to be pars defects at L5-S1 there grade 1 spondylolisthesis L5 on S1. Patie	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 reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; PATIENT HAD DECREASED PATELLA REFLEXES.	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.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PATIENT HAS TENDERNESS TO PALPATION LOWER LUMBAR AREA. NEGATIVE STRAIGHT LEG TEST. THERE IS SOME INCREASED PAIN WITH ROTATION AND LATERAL BENDING OF THE WAIST. XRAYS SHOW MULTILEVEL SPONDYLOSIS WITH MULTILEVEL DEGENERATIVE DISC DISEASE. HE DOES HAVE NUMBN; The patient does not have new signs or symptoms of bladder 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.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	6

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 3/30/2016; There has been treatment or conservative therapy.; Pain in bilateral back, gluteal area, thigh and leg. balance disturbances, decreased mobility, gait disturbance, numbness, spasms, tingling in legs, thighs, weakness in legs and thighs; nonsteroidal anti-inflammatories, physical therapy, Trigger point injections	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for Congenital Anomaly.; since she was a child , she has a 10% rotation; There has been treatment or conservative therapy.; Back and leg pain; Back Brace anti-inflammatories, exercise for years	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.; 3/2016; There has not been any treatment or conservative therapy.; patient underwent a spinal fusion revision in 3/15. She is reporting a significant amount of back pain that has persisted along with left leg pain. She has diminished sensation in the left anterior thigh compared to the right. concerned she has again deve	1

Orthopedics

Approval

72148 MRI LUMBAR
SPINE OR LOW BACK
WITHOUT CONTRAST

1. Right tibial insufficiency stress fracture; 2. Right tibia interosseus hemangioma. ; a. s/p 1)right knee arthroskop and evacuation of ligamentous cyst 2) open treatment of intersseus hemangioma by ablation 3) Open treatment of tibial stress fracture. ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; An additional new symptoms is numbness and tlinging form the right knee to the foot which began about two weeks ago. We started him on Prednisone dosepak which has given him some side effects. He is on day four of the dosepak. He has had no improvement; Medications ; ; ; ; Reviewed Medications; ; ; ; ; ; ; ; ; Adderall ; 08/27/15 entered Brady Thomas ; ; diclofenac 75 mg-misoprostol 200 mcg

1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	completed physical therapy, did not help. She continues to have neck and back pain with tingling and numbness to upper and lower 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.; 2014; There has been treatment or conservative therapy.; neck and back pain with tingling and numbness to bilateral upper and lower extremities.; Physical therapy	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Decreased lumbar extension. Decreased lumbar flexion. Decreased axial rotation.  Decreased sensation to light touch in bilateral lower extremities. Patient had previous MRI in February 2016 which showed scar tissue at the L5-S1 level with disc bulge at L; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Left EHL and anterior tibialis strength is rated 4/5. Right EHL strength is rated 5/5. Otherwise 5/5 motor strength of bilateral lower extremities.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	EVALUATION OF 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.; 9/30/2014; There has been treatment or conservative therapy.; ADOLESCENT IDIOPATHIC SCOLIOSIS, BACK PAIN, DECREASED SPINAL RHYTHM, DIFFICULTY BENDING OVER; PHYSICAL THERAPY	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	LBP for 10 months. failed conservative treatment. Has completed a course of Physical therapy that did not make her back pain better, only worse.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in right extremity. weakness to the gastrocnemius.; The patient does not have new signs or symptoms of bladder 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	Low back pain on the right, midline, and acute on chronic duration. Numbness of bilateral posterior lower extremities. Lower back exhibited minimal midline and moderate right lateral paraspinal tenderness on palpation. Pain demonstrated with flexion and 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.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Low back pain, persistent not responding to conservative treatment. Degenerative disc disease of the L5-S1, foraminal narrowing and facet arthropathy and neck pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	low back pain; 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	lower back pain, radicular pain in lumbar, and degenerative disk 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	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	need MRI to make recommendation about 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
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PAIN; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient has done PT exercises at home but not sure of the duration.; 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 no improvement after 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.; back pain; 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

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient has tried physical therapy and medication, neck and back pain persists. She also has urinary incontinence, clumsiness to hands and feet.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2004 or 2005; There has been treatment or conservative therapy.; neck pain, clumsiness with use of hands, urinary incontinence, low back pain, unsteady on feet, weakness of legs.; Physical therapy, ibuprofen, Soma, Tramadol, Tylenol #3	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	patient is undergoing surgery to fix 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.; 2000; There has been treatment or conservative therapy.; ; physical Therapy	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Physical therapy done 3 x week for 6 weeks and did not help. Ongoing neck and back pain with radiculopathy to upper and lower 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.; Many years ago; There has been treatment or conservative therapy.; Significant neck pain, and radiating arm symptoms left greater than right. Ongoing low back pain and radiating leg pain left greater than right. She also has had some triggering to the left thumb, and a sense of cramping and pain to the hands when she is; Physical therapy, Mobic	1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Post L5-S1 TLIF and PSIF on 5/5/16; Severe, debilitating pain in left buttock radiating down left 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.; 06/05/2016; There has not been any treatment or conservative therapy.; Post L5-S1 TLIF and PSIF on 5/5/16; Severe, debilitating pain in left buttock radiating down left leg	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Post thoracolumbar fusion, T3-L4 with osteotomies at T9-10, T10-11, T11-12 and T12-L1 on 3/1/16. The pt. is having severe right lower extremity radiculopathy. Concern for L4-5; 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	Preoperative evaluation. Pain is aching, throbbing, burning. Radiculopathy, spinal stenosis suspected. Tried NSAIDs and over the counter medication, home therapy.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed 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
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PRE-OPERATIVE; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, a congenital anomaly, or vascular disease.; 8/29/2016; There has not been any treatment or conservative therapy.; RAPID ONSET OF SCOLIOSIS WITH ASYMMETRY OF THE TRUNK AND SHOULDERS. MAIN THORACIC LEFT-SIDED SCOLIOSIS OF 53 DEGREES, MILD ROTATION, PROXIMAL THORACIC CURVE IS 26 DEGREES, THE THORACOLUMBAR CURVE IS 29 DEGREES	1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt has back pain radiating over her entire body. Difficulty walking, headaches, numbness, paresthesia, decreased mobility, muscle weakness and tenderness; This study is being ordered for a neurological disorder.; 3/1/16; There has been treatment or conservative therapy.; back pain radiating to the entire body. Positive for weakness, difficulty walking, headache, numbness, paresthesia and tremors; non steroidal anti-inflammatories, spine therapy	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	R/O AVN; This study is being ordered for a neurological disorder.; 10 years ago; There has been treatment or conservative therapy.; Pain and radiculopathy.; Failed injection, medication and chiropractor care. Pt still doing PT.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	r/o disc herniation; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; more than 1 year ago; There has been treatment or conservative therapy.; low back pain that radiates to legs, neck pain that radiates, numbness and tingling and leg weakness; injections in the neck and back	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Sciatica left and probable herniated nucleus pulposus L4-L5.; The study requested is a Lumbar Spine MRI.; None of the above; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	the patient has been to Physical Therapy for 6 sessions. Patient has had leg cramps last week in Rt 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
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The patient has had severe, incapacitating left hip joint, anterior and lateral thigh pain for the last 2 weeks. She is now essentially bedridden. It is likely that she has a disc herniation at L4-5 causing her symptoms, but it is also possible that she; This study is 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 2 weeks ago; There has been treatment or conservative therapy.; Severe low back, left hip and left leg pain. Numbness, weakness and tingling left leg. Nocturia; chiropractic treatment, ibuprofen, flexeril	1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The patient is having low back pain with left leg radiculopathy . He is taking gabapentin and Meloxicam and his symptoms are continuing to worsen.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment 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	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does 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
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?	14
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; 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.; The patient has Neurological abnormalities; This procedure is being requested for Trauma or recent injury	2
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has Symptoms or x-ray evidence of a recent fracture; This procedure is being requested for Trauma or recent injury	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 Follow-up to surgery or fracture within the last 6 months; The patient been seen by or the ordering physician is a neuro-specialist, orthopedist, or oncologist.	1
Orthopedics	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.	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	162
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	7

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	6
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)	88
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; There is laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	1
Orthopedics	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 not a hematologist/ oncologist.	1

Orthopedics	Approval	72192 CT PELVIS WITHOUT CONTRAST	; 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.	2
Orthopedics	Approval	72192 CT PELVIS WITHOUT CONTRAST	1. Lateral compression three pelvic injury with associated acetabular fracture status post fixation x1 year.  2. Right ischial pain, unknown origin.AP, inlet, outlet pelvic x-rays show she has two right S1 screws. She has a healed sacral fracture on the; 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	72192 CT PELVIS WITHOUT CONTRAST	ABNORMAL FINDINGS ON OUTSIDE MRI DONE 7/1/16 - CT RECOMMENDED; 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
Orthopedics	Approval	72192 CT PELVIS WITHOUT CONTRAST	hardware in place suspect 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

Orthopedics	Approval	72192 CT PELVIS WITHOUT CONTRAST	healing from a previous surgery; 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
Orthopedics	Approval	72192 CT PELVIS WITHOUT CONTRAST	Patient had a previous injury to his sacrum after falling off a 10 foot ladder. Patient is still having pain and questionable non-union; 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
Orthopedics	Approval	72192 CT PELVIS WITHOUT CONTRAST	Pt is post anterior/posterior major thoraco-pelvic reconstructive surgery. she now has persistant weakness and left L3 dermatome. X ray shows a fracture in the rod on the left between L5 and S1.; This study is being ordered for trauma or injury.; 7/29/16; There has been treatment or conservative therapy.; severe pain in middle and lower back radiating into her lower extremities; non steroidal anti inflammatory medications	1
Orthopedics	Approval	72192 CT PELVIS WITHOUT CONTRAST	There is possibly a metallic area in the lower pelvic region on the left. Will need to obtain a CT scan to further evaluate this.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	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.	2

Orthopedics	Approval	72196 MRI PELVIS	; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Orthopedics	Approval	72196 MRI PELVIS	avascular necrosis bilaterally; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Orthopedics	Approval	72196 MRI PELVIS	R/O AVN; This study is being ordered for a neurological disorder.; 10 years ago; There has been treatment or conservative therapy.; Pain and radiculopathy.; Failed injection, medication and chiropractor care. Pt still doing PT.	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.	6
Orthopedics	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	12
Orthopedics	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	2
Orthopedics	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	2
Orthopedics	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	6
Orthopedics	Approval	72196 MRI PELVIS	UNKNOWN; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1

Orthopedics	Approval	73200 CT ARM OR UPPER EXTREMITY	CONCERNS FOR ROTATOR CUFF PATHOLOGY; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; SEVERE PAIN AFFECTING SLEEP, POSITIVE HAWKINS AND SPEED BILATERALLY, 4 MINUS OUT OF 5 STRENGTH, CANNOT HAVE AN MRI DUE TO HAS A PACEMAKER; MEDICATIONS, INJECTION	1
Orthopedics	Approval	73200 CT ARM OR UPPER EXTREMITY	MRI better assess rotator cuff & CT better assessment of the bony structure of the glenoid; This study is being ordered for trauma or injury.; 3/31/16; It is not known if there has been any treatment or conservative therapy.; significantly displaced scapula & glenoid fx treated nonoperatively & pt ended up w/malunion of glenoid & scapular body. Neer & Hawkins positive pain & stiffness in shoulder	1
Orthopedics	Approval	73200 CT ARM OR UPPER EXTREMITY	There is a history of upper extremity joint or long bone trauma or injury.; This is a request for an Arm CT Non Joint	1
Orthopedics	Approval	73200 CT ARM OR UPPER EXTREMITY	There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; This is a request for an Arm CT Non Joint	1
Orthopedics	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	55

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.	10
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.	3
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 suspicion of upper extremity neoplasm or tumor or metastasis.	1
Orthopedics	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT		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.	38

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.	10
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.	3
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY		4
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 Inflammatory/ Infectious Disease.; unknown; It is not known if there has been any treatment or conservative therapy.; Pt suffers with bi-lateral shoulder pain.	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.; 01/2016; There has been treatment or conservative therapy.; Right shoulder pain. Right elbow pain. Pt had XRAYs that were normal . Pain with lifting. Elbow extension and flexing. Rotator cuff tear back in January 2016. Pt had surgery for it and is still having pain .; PT and Injections.	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.; 6 months; There has been treatment or conservative therapy.; pain in shoulder numbness from the elbow to the fingers; medication home excise	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.; 8/2015; There has been treatment or conservative therapy.; mbr has pain in neck, back, and shoulder R/O rotator cuff tear; injection, PT and medication	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.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; 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.	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 arthrscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for a neurological disorder.; 6 months from today; There has been treatment or conservative therapy.; decreased ROM, pain in shoulder and neck; Nsaids, exercise	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for Inflammatory/ Infectious Disease.; 06/01/2016; There has been treatment or conservative therapy.; ; xrays were negative to any bone injury patient states she has tried anti inflammatories over a course of the year without any relief. she has had previous back surgery	1
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	2 months status post left carpal tunnel release with new injury to left wrist. Need MRI to check the anatomy of the post surgical changes after this injury.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; It is not known if there is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Abnormal x-ray of shoulder, R/O cervical 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.; 08/01/2016; There has been treatment or conservative therapy.; Right shoulder pain, numbness in thumb and fingers with decreased sensation; Steroids and flexiril	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	better assessment of rotator cuff; small avulsion fx from the tuberosity & that indirectly indicates that the pt may have a rotator cuff tear; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1

Orthopedics

Approval

73221 MRI JOINT OF
UPPER EXTREMITY

Bilateral shoulder pain with history of labral repairs in both shoulders many years ago with continued worsening pain. We discussed options for him, and I believe that our next step is to proceed with an MRI of each shoulder to assess his labrum and rotat; This study is 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 SLAP repairs of both shoulders in 2010 and is still having pain.; There has been treatment or conservative therapy.; Upon examination of his right shoulder, he can elevate to 170 degrees. External rotation at 80 degrees, with anterior pain. Internal rotation at T10. 5/5 strength with elevation 5/5 strength with abduction. 5/5 strength with external rotation. 5/5 strengt; Scott Krupicki is a 45-year-old male who comes to clinic for bilateral shoulder pain, referred by Stewart Johnson. Upon his visit today, he reports recurrent pain in both of his shoulders. He has a history of SLAP repairs of each shoulder done in 2010, pe

2

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Bilateral shoulder pain. Cannot raise arms above head , cant lift anything with arms. pain has been going on for 6 years. Had physical therapy, NSAIDS such as meloxicam, pain medicine such as oxycodone and steroid injections, x-rays were normal for over 8; This study is being ordered for a neurological disorder.; approximately six years ago, no known injury.; There has been treatment or conservative therapy.; bilateral shoulder pain with weakness and radiculopathy going down both arms; Physical therapy, injections, NSAIDS. Activity modification. All have failed.	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	constant pain in rt shoulder which is burning and sharp and is a 9 out of 10 in severity. nothing relieves the pain and its getting worse.; 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	Continued right shoulder pain and decreased ROM even after injection and PT. Need to evaluate shoulder for Rotator Cuff tear.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Dr. Dodge will review MRI and then surgery will be discussed due to those results.; 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	FOCUSED EXAM: tender right shoulder bursa tender over the deltoid muscle with the soft spot significant weakness in the supraspinatus and infraspinatus. Has some limitation of forward flexion of 140 degrees and his rotation 75 degrees; X-Ray; ; 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	<p>He has a known rotator cuff tear in both shoulders shown on MRI's from May 2016. We need to repeat the MRI's to evaluate for muscle atrophy.; This study is being ordered for trauma or injury.; Initial onset of right shoulder injury was approximately 15 years ago carrying a 5 lb water jug. Injury to left shoulder was approximately May 2015.; There has been treatment or conservative therapy.; Bilateral shoulder pain, limited range of motion, pain with overhead motion and reaching behind, pain with physical activities, right shoulder pain on the superior aspect, left shoulder pain on the anterior aspect that radiates down to elbow.; Home exercise program and stretching, physical therapy, over the counter medication (Aleve), steroid injections</p>	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>History: Mr. Coffman is a 52 year old male patient who presents to the clinic for evaluation of his left shoulder pain that has been present since 6/5/16. The pain is severe, aching, sharp, throbbing. Left shoulder exam: Inspection reveals a scar from a pr; 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.</p>	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	knee out of place; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ongoing for 4 months; There has been treatment or conservative therapy.; left shoulder has weakness right knee has joint tenderness; home exercise program, medication, injections	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	left shoulder pain with dislocation after a fall Passive range of motion with both internal and external rotation is not tolerated well; Minimal active range of motion is present; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	left wrist pain with fracture, questionable scaphoid fracture and questionable scaphoid-lunate ligament tear.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>Mr. Jesse Wilson is a 56-year-old male who comes to the clinic for bilateral subacromial bursitis. At our last visit, approximately 2 months ago, they had improved after steroid injections, cuff strengthening exercises, and anti-inflammatory medications. ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Approximately 1 year duration as reported by patient.; There has been treatment or conservative therapy.; Jesse Wilson is a 56-year-old male who comes to clinic for bilateral shoulder pain. Upon his visit today, he reports bilateral anterior shoulder pain present for many months. This pain is specifically aggravated with lifting heavy objects, and is very bot; Subacromial corticosteroid injections performed in each shoulder the office today with 2 cc's of Kenalog each, as well as cuff strengthening and scapular stabilization exercises, and a scheduled anti-inflammatory medication.</p>	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>MRI better assess rotator cuff & CT better assessment of the bony structure of the glenoid; This study is being ordered for trauma or injury.; 3/31/16; It is not known if there has been any treatment or conservative therapy.; significantly displaced scapula & glenoid fx treated nonoperatively & pt ended up w/malunion of glenoid & scapular body. Neer & Hawkins positive&#x0D; pain & stiffness in shoulder</p>	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	MRI is needed to visualize and evaluate mass on the left hand.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	multiple falls & gets into fights feels like it is popping in & out of place; 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	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.; 9yrs; There has been treatment or conservative therapy.; Pt pain is radiating in the hand. tightness and tender. Limited range of motion; medications, had injections	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Normal appearing patient. In no pain at rest. Alert and oriented X-3. Right shoulder and shoulder girdle: Skin is intact. Normal contours. No point tenderness or spasm. Positive drop arm test. Weakness with external rotation. Has nearly full pass; 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	old dislocated injury, has manual labor job.Speed, yergason and o'brien's test are all positive for pain. Potential surgical candidate - thinking labral derangement given history.; 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.; etodolac, tramadol, lodine; The patient received medication other than joint injections(s) or oral analgesics.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	PAIN, DECREASED MOBILITY, JOINT TENDERNESS, MUSCLE WEAKNESS, MYALGIA, WEAKNESS. STRAIN OF MUSCLE/TENDON THE ROTATOR CUFF OF LEFT SHOULDER. DOI 9/9/16 PICKED UP SOMETHING HEAVY FELT PAIN AFTER AND LACK OF STRENGTH. LOOKING FOR 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	Patient has been in treatment with carpal tunnel syndrome and reports chronic right shoulder pain. Clinic notes will be sent.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	patient has recurrent shoulder dislocations. the most recent one was in march 2016. limited rom. xrays normal. patient is currently going to therapy. MRI with contrast to more fully evaluate the labrum for possible tear.; The requested study is a Shoulder MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The member has a recent injury.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	PATIENT HAVING SEVERE PAIN IN SHOULDER. DROP ARM TEST IS POSITIVE, TENDERNESS AND PAIN IN SHOULDER,INTEREFERING WITH DAILY ACTIVITIES. LESS THAN FULL STRENGHT ON TRICEP AND SUPRASPINATUS.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Pt has closed fracture of R scapula, closed fracture of upper end of humerus and R shoulder dislocation; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Pt is needing an MR Arthrogram of the R shoulder to prepare for surgical intervention for a rotator cuff tear and the labrum; 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	pt. cannot sleep on affected shoulder. she cannot lift, reach, grab or any overhead motion. she has strength deficit in the left arm which is affecting her ability to work efficiently; AC joint is mildly tender to palpation, supraspinatus is weak on test; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Review of x-rays today patient has noted inferior subluxation of the humeral head, indicative of malfunctioning deltoid.; This study is being ordered for trauma or injury.; 7/16/16; It is not known if there has been any treatment or conservative therapy.; The patient has a super sling a 1-sided super sling. The patient does have noted sag. He also has a noted inferior subluxation of the shoulder. No deltoid tone. No ability to fire his deltoid in anterior, lateral or posterior bundles. He does have sig	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	soft tissue mass left elbow, unable to lift or extend arm due to pain; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal; 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	SPORTS INJURY - This 42-year-old male seen in consultation at the request of Dr. Chris Skelley, has chief complaint of right shoulder pain, swelling and ecchymosis. He is a right-hand dominant male, injured the right shoulder six weeks ago on a water; 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	Strength: Supraspinatus/Infraspinatus/Subscapularis , mildly weak/mw/strong, A.C. Joint provocative tests are positive. Impingement signs are positive. Tenderness to palpation over anterolateral acromion.No effusion.; Mild pain with ROM.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1

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.	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 request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	6
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is from a known mass.; It is unknown if a diagnosis of Mass, Tumor, or Cancer has been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	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.	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This 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 recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The patient is a 44-year-old female who returns for follow-up of the into dislocation of her right glenohumeral joint. She is now approximately one month out from her injury. She still has significant pain in the right shoulder and guarding on range of ; 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 patient is having left shoulder pain after an injury in November 2015. The patient experiences numbness, stiffness, clicking, locking, popping, tingling and weakness. The symptoms are made worse with bending, moving, lying in bed, walking, gripping, l; 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
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.";	6
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."; evaluate the competency of 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."; had surgery in April 2016 with another doctor for an open distal clavicle resection, open biceps tenodesis. Pain worse than ever. On exam flexion is 180, extension is 30, abduction is 180. Adduction is 30, all with pain. O'Brien test is positive. Rota	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."; He will have a MRI of the left shoulder to ensure he has not return his RTC follow up visit from a left rotator cuff repair and SAD He continues to have numbness and tingling in the hand and fingers On physical examination the incisions have healed we	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."; It seems that the patient has recurrent shoulder dislocation, instability, and also pectoralis major tendon tear. To be able to further assess these injuries, I am going to send the patient for MR arthrogram for both the labral capsule tissue and also	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 and weakness due to injury when lifting object. Pain with crossover testing and impingement testing. Evaluate for 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."; MEMBER WITH MULTIPLE SHOULDER DISLOCATIONS, ON EXAM OF THE LEFT UPPER EXTREMITY, THE MEMBER HAS TENDERNESS TO PALPATION BOTH ANTERIORLY AND POSTERIORLY, HE DOES HAVE A POSITIVE APPREHENSION TEST. NEGATIVE CRANK TEST. X-RAY OF THE LEFT SHOULDER SHOWED NO B	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."; Order for painand suspected subabromia bursitis. Pt was given steroid injection on 08/01/2016.	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 rt shoulder pain x 5 years. Rec'd cortisone injection. Has been doing home exercise. pain is worsening. Has been taking ibuprofen. Nothing is helping. Need to evaluate the shoulder due to impingement syndrome.	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 might have rotator cuff tear, pain in the shoulder with overhead activity, tried anti inflammatory, injection, and general exercises. No relief.	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 was in motor vehicle accident in February. She has failed physical therapy and anti-inflammatory because she still has discomfort. Patient has full active range of motion, painful arc of about the terminal 30-40 degree, lift off test is intact, su	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."; positive Hawkins, impingement sign. failed conservative treatment	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; right shoulder injury 9-15-16, positive drop arm test, weakness right arm, decreased ROM and 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.";	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	suspected rct 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
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	trauma2 weeks ago- shoulder dislocation	
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.;	5

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.; A 30-year-old black female 350 pounds who it is an adult caregiver comes in with two problems today. First left shoulder pain of too much duration without any precipitating trauma. X-rays made in Dr. Rollins office failed to reveal any osseous abnormaliti	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.; Acute pain.	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.; All previous studies show no reason why she has such difficulty raising her arm. The only thing I can see is a type 3 acromion that could be causing a painful impingement that she guards against. Recommend one more MRI to view the RTC. If intact the on	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.; Janet Lybrand is a 63-year-old female who comes to clinic for left shoulder complaints, referred by William Highsmith. Upon her visit today, she reports that she was walking the dog and he suddenly ran after a squirrel, pulling her arm backwards quickly.	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 helps CAC pitching so he has shoulder pain for about a year.Pain is a 5 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.; patient is a pitcher and hasn't been able to use shoulder for 6 weeks the pain is sharp and is 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.; It is not known if the patient has completed and failed a course of conservative treatment.; possible 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.; William Lawrence is a 43-year-old male who comes to clinic for right shoulder pain, referred by Dr. Highsmith. Upon his visit today, he reports that he has had right shoulder pain present for approximately 10 months. He denies any formal treatment.  Upo	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.	423

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.;	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.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; 8.10.16 INJURY TO SHOULDER WHILE LAYING FLOORING AND PAINTING WALLS. TRAUMATIC CUFF TEAR. + NEER	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.; Enter answer here - or Type In&#xOD; Mr. Knighton comes in with chief complaint of pain in his right shoulder. He has a history of posterior labral repair in February of 2015. He said he was doing fine until this weekend. He slipped and fell while he was fi	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.; History of left labral repair in 2014. MRI is ordered to evaluate for re-injury to the labrum and to also evaluate for rotator cuff tear. He had an injury while throwing a baseball on 7/13/16.	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.; HISTORY OF PRESENT ILLNESS: Presents today for her left shoulder dislocation. This is the third dislocation this year. He had this reduced in the emergency room.; MUSCULOSKELETAL: Left shoulder shows no deformity. He has pain with range of motion. He is	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.; HISTORY OF PRESENT ILLNESS: Presents today with left shoulder pain for the last 6 months. She does not member a specific history of trauma. She is right-hand dominant. She has had no conservative treatment.; REVIEW OF SYSTEMS: Intake form was review	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 upper extremity, pain with posterior shoulder pain with internal rotation of the shoulder can get to just posterior to midline. The patient abla 42-year-old male presents for followup. He has been weightbearing on the left hip due to pain in his left	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.; Will provide	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.; It is not known if the patient has had recent plain films of the shoulder.; Jimmy Wier is a 47-year-old male who comes to the clinic for left arm, shoulder, hand and elbow pain. Upon his visit today, he reports that on 08/28/2016 he injured his arm and elbow in a fall at this home. He reports shoulder pain and numbness and tingli	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.; It is not known if the patient has had recent plain films of the shoulder.; Shawn Hill is a 18-year-old right-hand-dominant male who comes to clinic for a left shoulder injury. He was seen at St. Vincent Emergency Department and referred by Kathy Burrell. Upon his visit today, he reports that he dislocated his shoulder yesterday	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.; It is not known if the patient is experiencing joint locking or instability.; The patient has a documented limited range of motion on physical examination.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is experiencing joint locking or instability.	11
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is NOT experiencing joint locking or instability.; The patient has a documented limited range of motion on physical examination.	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were not normal.	6
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The results of the plain films is not known.; It is not known if the patient is experiencing joint locking or instability.; The patient has a documented limited range of motion on physical examination.	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.	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has not had recent plain films of the shoulder.; < 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 post-operative evaluation.; The ordering physician is an orthopedist.	9
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is 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; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.).";	3
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; Both shoulders were injected on 4/4/16 which helped a lot, but the pain has since returned. He is complaining of numbness and tingling down to his fingers. Pt states both shoulders are equally painful. A.C. Joint provocative tests are positive. Impingemen	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.)."; Can not reach overhead, Has done Home Exercise program.	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.); follow-up of a cortisone injection and therapy stretching program for mild adhesive capsulitis of the right shoulder. This patient notes that her motion has recovered nicely however she notes soreness pain in her right anterior shoulder which does not se	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.); LEFT shoulder pain for approximately 6 weeks. Patient states that she was carrying a case of water into her home when she heard a popping noise on 07/08/2016. Patient states that she has aching pain at night. The pain is described as and achy, sharp 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.); LEFT shoulder pain for since a fall around June 15th. He does state he had pain before the fall, but this is different and more painful.  Pt has pain at night. No numbness and tingling. No previous surgeries or problems with this shoulder.  The pain i	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; LEFT shoulder pain secondary to subacromial impingement and questionable 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.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; LEFT shoulder pain since she fell in a hole on 4/16/16. The patient was seen in the ER and was discovered to have an anterior dislocation at that time. She is in a sling today. She reports numbness and tingling over the axillary nerve region. The pain 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.)."; Patient slipped on Ladder and landed on Left Shoulder. X-ray negative for fractures	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 proximal biceps pain and deformity with suspected tendon 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.)."; She states she has had pain in the RT SHLD for some time, the RT shoulder is more painful. Numbness and tingling is noted bilaterally. The pain is described as sharp, achy, constant pain which is 05-10/10 in severity. The pain is worse with movement and b	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 began after she fell and caught herself with the arm. No pain at night. No numbness and tingling. X-ray: 4 views LEFT shoulder with No Glenohumeral arthritis, Mild AC joint arthritis, and a Type 2 acromion.	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 and reaching behind and better with rest and medications.  Patient currently works. Pt has had some injections up to this point. Pt states previous injections have helped. Pt does p/t at home. Pt currently takes	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 and reaching behind and better with rest and medications. Patient works as a physical therapist, so he has been doing a p/t program with the 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.; "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..C. Joint provocative tests are positive.Impingement signs are positive. Tenderness to palpation over anterolateral acromion.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; This began after lifting a heavy object. Pt states after the injury she was unable to raise the arm for some time. This has slowly improved some. Pt has pain at night. No numbness and tingling.The pain is described as achy pain that is intermittent and 4	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; Left shoulder elevation 140 degrees with pain past 75 degrees, Cross arm adduction painful.	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.; Need to make sure that the patient does not have a full-thickness rotator cuff tear. Forward elevation is 140 degrees. Abduction 110degrees. I cannot passively taken past these endpoints of range of motion. Testing shows strength to be 3.5 out of 5 with	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 a MRI for impingement syndrome 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; This study is being ordered prior to arthroscopic surgery.;	18

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; < Enter answer here - or Type In Unknown If No Info Given. >	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.;	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.; AC joint apthropathy, joint narrowing	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.; Enter answer here - or Type In U Mr. Blackwell comes in today to clinic for evaluation of his shoulder. The patient is complaining of pain within his left shoulder. It started out first just pain in the anterior aspect of his shoulder. It has gotten t	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.; Enter answer here - or Type In Unknown If Mr. Hall comes in with a chief complaint of pain in his left shoulder. He has had some pain for couple of weeks, but it became acutely worse on 08/05/2016 when he was moving some boxes. He describes the pain as	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.; Enter answer here - or Type In Upt may have a torn rotator cuff tear x-rays are negative for any fracture nknown 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; This study is being ordered prior to arthroscopic surgery.; Examination of her left shoulder today shows her to have a painful arc of motion both actively and passively. She has pain with weakness with the supraspinatus maneuver. Hawkins and impingement maneuver creat discomfort. There is no warmth, erythema, o	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.; He has some posterior discomfort with O'Brien maneuver and some posterior discomfort with the supraspinatus maneuver. He has some minor AC joint tenderness. He has good strength with the supraspinatus maneuver. Hawkins and impingement were mildly posit	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 pain: The patient is a 40-year-old female well known to us. She has history of prior treatment of right rotator cuff tendon tear with surgical repair. She has done well without surgery but now presents with left shoulder pain resulting from	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.; MDO is wanting to decide if arthroscopic surgery is necessary. Pt had a regular MRI that showed a beau fort complex. Need to see if Pt has a 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; This study is being ordered prior to arthroscopic surgery.; Mdo trying to rotator cuff or labreal tear. mdo need to see which operating procedure will be best for pt.	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.; Ms. Gammel is a 49-year-old female who comes in with a chief complaint of pain in her left shoulder. She said she has had pain off and on for sometime, but it really recently got worse when she fell out of her RV. Date of her injury was August 08, 2016.	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.; MULTIPLE DISLOCATIONS PT NEEDS SLAP REPAIR SX HE HAS SHOULDER INSTABILITY AND PAIN	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; MUTLIPLE DISLOCATIONS DR SUSPECTS SLAP TEAR NEEDS MRI TO EVAL. AND TREAT IS SURGERY IS NEEDED	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.; None	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.; Partial thickness tear of rotator cuff, loss of motion, weakness, having trouble reaching over head, and pain while at rest	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 exam is consistent with rotator cuff tear and before surgery is done to repair, it is crucial to know extent of tear/ tears to be able to schedule appropriate procedure.	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 is having severe right shoulder pain, and limited range of motion with his 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; This study is being ordered prior to arthroscopic surgery.; PATIENT IS NEEDING THIS MRI R SHOULDER ARTHROGRAM FOR A POSSIBLE LABRUM TEAR. PATIENT HAS HAD MULTIPLE DISLOCATIONS. PATIENT HAS LIMITED ROM AND IS IN A SLING	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.; Pre op	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; PT HAS FROZEN SHOULDER HES TRIED PHYSICAL THERAPY, STEROID SHOTS, NSAIDS 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.; PT HAS SUBACROMIAL TENDERNESS PAIN WITH DLS,CAN ONLY EXTERNAL ROTATE 40 DEGREES. PATIENT SHOULDER IS POPPING OUT OF PLACE 20 TIMES OVER THE LAST 6 MONTHS.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; pt. has pain and weakness in the L shoulder with a positive Jobe's and positive O'Briens. 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; This study is being ordered prior to arthroscopic surgery.; Right shoulder pain with positive Neer and Hawkins impingement signs. Trying to rule out 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.; right shoulder pain with suspected 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; This study is being ordered prior to arthroscopic surgery.; She has a positive impingement. Positive Hawkins. She does have some tenderness at the AC joint. Speed maneuver is mildly positive. She has minor weakness with the supraspinatus maneuver.	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 is tender to palpation over the bicipital groove. She has positive impingement sign, begins at 140 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; This study is being ordered prior to arthroscopic surgery.; The patient is complaining of one-year history of pain in his shoulder. It started after working out. Now, every time he does any strenuous activity with the shoulder, he gets pain over the AC joint. He has had one injection without any relief. If he	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.; The patient notes only several hours of relief of right shoulder pain following steroid injection.; painful arc with abduction, pain and weakness with resisted abduction, Hawkins sign positive, near sign positive, neurovascular intent	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	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is not being ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; continued pain after a fall; some improvement w/rest and nsaid; uses a sling	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.	2
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.	3
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 not had recent plain films of the shoulder.; 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.; The patient has completed 6 weeks of physical therapy?	22

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	4
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	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.; 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 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?	10
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; This study being ordered for suspected aseptic necrosis.; The patient has had recent plain films of the shoulder.; The plain films were not normal.;	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 requested study is a Shoulder MRI.; This study is being ordered for Known Tumor.; The ordering physician is an oncologist or orthopedist.; This study is being ordered for staging.	1
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.	32
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.	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 not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has 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 has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	2
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.	8

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There 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.	16

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

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	14
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1

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

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	3
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.	2

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 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
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 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
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has 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

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has 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.	7
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient 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

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

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

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This patient has advanced bone on bone degenerative joint disease in bilateral shoulders. He will most likely need a joint replacement, however additional imaging is needed to see if his rotator cuff is intact.; This study is being ordered for Inflammatory/ Infectious Disease.; 10 years; There has been treatment or conservative therapy.; Constant severe pain with decreased ROM that inhibits the patient from some ADL's.; Steroid injections and NSAID's.	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Tingling; This study is being ordered for trauma or injury.; 08/17/2016; There has been treatment or conservative therapy.; Wrist numbness swelling redness; Hand therapy	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	trying to determine if she is a total disc replacement candidate; This study is being ordered for trauma or injury.; 07/19/2015; There has been treatment or conservative therapy.; significant weakness in trying to abduct her shoulder, numbness in the ulnar digits of her hand. Decreased sensation in the C8 dermatomal pattern however she also has a positive ulnar nerve Tinel. Weakness of rotator cuff. Bulge at C5-6 on the right side; spine injection and also she is under pain management	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.; 9/12/16; There has been treatment or conservative therapy.; Pt has pain, swelling, tingling.; Pt has had hand therapy and EMG	2

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.; unknown; There has been treatment or conservative therapy.; Pt has pain, tingling and numbness, decrease strength in his right hand, decrease sensation on the ulner side of his right hand, pain w/ reaching over head, suspicious of rotator cuff tear or disc rupture has had cervical spine surgery in the past, had ef; xrays, NCB study, medications, steroid injection (made him sick)	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Upon examination of his right shoulder, he can elevate to 170 degrees. External rotation at 80 degrees. Internal rotation at T10. Non-tender over the AC joint and rotator cuff insertion. Tender over the trapezius and medial scapular border. Negative O'B; This study is 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 4 years.; It is not known if there has been any treatment or conservative therapy.; Nolen Buffalo is a 42-year-old male who comes to clinic for right shoulder pain, referred by Stephen Humbar. Today, he reports long standing right shoulder pain. He reports that he is a very active individual; he suspects he injured his right shoulder ma	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	xray shoulder shows slight change of greater tuberosity, R/O integrity of bicep vs rotator cuff injury.; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; pain is moderate, pain at night, piercing type pain worsening, exasperated by lifting/pushing/pulling/climbing stairs. PE found had crepitation with pain in rotation in elevated position, bisept contour appeared to be altered. Pain with resisted supinati; pain management OTC, RX anti inflammatory, HEP	1
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	A tight heel cords is noted. She is unable to do a single-leg rise on the 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.; Original injury is from when patient was 10 years old. Saw dr in 2014 and was told her foot wasn't fixable. Her foot & ankle has gradually gotten worse over the years; It is not known if there has been any treatment or conservative therapy.; left foot pain, foot is getting flatter & continue loss of arch, severe valgus hindfoot alignment is noted .limited inversion movement of the left foot. Tenderness with palpation of the first TMT joint	1
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	Evaluate where pain is coming from; This study is being ordered for trauma or injury.; May 2015; There has not been any treatment or conservative therapy.; Severe pain	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.	7
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.	5
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

Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has 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	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.	8
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 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

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.	10
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.	2
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.	26
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.	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.	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 suspicion of lower extremity bone or joint infection.	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.	1
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	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 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
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.	2
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.	4
Orthopedics	Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Yes, this is a request for CT Angiography of the lower extremity.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		9

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; 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	< 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.	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 arthroscopy 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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/2015; There has been treatment or conservative therapy.; knee pain osteoarthritis in both knee, may need a knee replacement; injections, PT , medications	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 trauma or injury.; 06/29/2016; There has been treatment or conservative therapy.; abnormal gait , tenderness, abnormal x-rays ,; boot, OTC medications	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 trauma or injury.; 08/6/2016; There has not been any treatment or conservative therapy.; foot and ankle pain	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 11/24/2014; There has been treatment or conservative therapy.; constant pain in both knees, swelling in both knee, instability, tenderness , has positive mcMurray right side; physical therapy /activity modifications/	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 trauma or injury.; 8/30/16; There has not been any treatment or conservative therapy.; swelling, instability,	2

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is an orthopedist.; 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.; 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	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	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.	8
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 arthrscopy is not 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 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 Inflammatory/ Infectious 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.; ;	4
Orthopedics	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.; ;	4
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	09/12/16; HISTORY OF PRESENT ILLNESS: Returns today for her right Achilles tendinosis. She had an injection at her last appointment. This did well for week but her symptoms have recurred. She has tried shoewear modifications which do not help. She continu; 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	24-year-old female with left knee pain. I have seen her several times. She continues to have left knee pain. Pain is anterior medial. Pain is worse with attempted increased activity. She has not had any lasting relief with a prescription anti-inflammatory; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	52-year-old male with left ankle pain. He has had multiple injuries in the past. I have seen him several times. He has had an extensive course of nonoperative care. He has failed to improve with formal physical therapy, bracing, prescription medication, c; 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	9.7.16 PT INJURED KNEE JUMPING IN BOUNCE HOUSE. KNEE PAIN HAS CONTINUED WITH JOINT LINE TENDERNESS, PT HAS BEEN IN BRACE AND CRUTCHES.UNABLE TO BEND 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
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	A 44-year-old black female, who works at Arkansas Baptist College, states that for as much as a year she has had pain in and about the right knee. She has been treated for low back pain and radicular pain, which she denies. She points to her main problem ; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	A 65-year-old white male disabled for the last several years is result of complications from multiple back surgeries. He has had three back surgeries at Baptist Hospital 2013 had pneumonia and since that time has been unable to work as a security guard at; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	ANGELA CALHOUN; 06/28/2016; This is a 43-year-old that I saw in 2015 at Helena with left knee pain and evidence of early osteoarthritis. She also had groin pain and early OA on her hip x-rays but an unremarkable exam. She reports satisfactory results af; 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	Ankle range of motion is diminished from normal and he walks with a limp. X-ray show a tremendous change in the appearance 2 years ago and now. He has at least one large cyst in the dome perhaps two. I think ankle joint may be now as well.; 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	At this point to help with the pain, we will go ahead and do a steroid injection. Today, under sterile prep her right knee was injected. I will see her again in clinic next week to inject her left knee. I have recommended a course of physical therapy f; This study is 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 SINCE MAY 2016; There has been treatment or conservative therapy.; PAIN; ANTI-INFLAMMATORIES, STEROID INJECTIONS, PHYSICAL THERAPY, KNEE SLEEVES	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	At this time given that the patient has tried extensive nonoperative management and still has significant symptoms of a grade 3 ankle sprain on the right, we elected to proceed with MRI in order to identify chronic ligamentous tears; 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	Bilateral knee pain likely due to sequelae from Osgood slaughter syndrome with chronic insertional patellar tendinitis.; This study is 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 bilateral knee pain has been present for about 15 years.; There has been treatment or conservative therapy.; Patient has Osgood Slaughter Syndrome. Pain is described as a severe aching piercing throbbing pain. Pain seems to be worse with squatting twisting stair climbing walking or kneeling with direct pressure. Patient has progressively worsening pain. Left kne; Patient has had previous steroid injection, oral anti-inflammatories, and therapy.	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Bilateral osteoarthritis; This study is being ordered for trauma or injury.; July 2016; There has been treatment or conservative therapy.; Bilateral knee osteoarthritis. Bilateral knee show no significant swelling or deformity. There is no significant effusion. She has tenderness over her bilateral joint line. She has full range of motion with no instability. She has good strength. S; Cane. Injection both knees with 2 cc of Depo-Medrol, HEP program and oral anti-inflammatories.	2

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>FOCUSED EXAM: Gait is antalgic and assisted with crutches. Thessaly elicits diffuse knee pain. She is unable to squat due to her pain. Left knee: Skin is pink, warm, and intact. There is a mild effusion. No ecchymosis. There is tenderness about the me; 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>HISTORY OF PRESENT ILLNESS:Mary is here today concerning her right and left knees. She states that the knee has been bothering her for years and the left just started hurting over the past year. She states that the right is worse than the left. She compla; 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 not include exercise, prescription medication and follow-up office visits.; The patient received oral analgesics.</p>	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	history of tibial plateau fracture. This is healing. The patient also has a significant amount of laxity consistent with an ACL tear of his left knee. He continues to be symptomatic with recurrent buckling of his left 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	HPI: Patient presents concerning his left knee. Approximately one month ago he twisted his knee while stepping off of a ladder. He experienced lateral knee pain at that point. His pain had improved until yesterday when he stepped in a hole twisting his k; 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	INJURY IN JUNE 2016. HAS HAD INJECTION, PHYSICAL THERAPY AND ANTI-INFLAMMATORY. NO HELP. 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

is patient returns today for follow-up. he continues with significant pain in the thigh and proximal tibia region. He had his MRI which showed a septated mass in the popliteal region. The radiologist has recommended postcontrast MRI. He continues with 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.; tthis patient returns today for follow-up. He is status post injection of his right knee. He got a few hours of good relief probably from the anesthetic effect. The following day he had severe pain in the knee. He uses an elastic wrap with some slight; There has been treatment or conservative therapy.; tthis patient returns today for follow-up. he continues with significant pain in the thigh and proximal tibia region. He had his MRI which showed a septated mass in the popliteal region. The radiologist has recommended postcontrast MRI. He continues wit; He uses an elastic wrap with some slight benefit.  Nitrostat 0.4 mg sublingual tablet place 1 tablet by sublingual route at the 1st sign of attack; may repeat every 5 min until relief; if pain persists after 3 tablets in 15 min, prompt medical attention

1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Knee has a 1+ effusion. Tender medial 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; 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	knee pain for several weeks. pt seen by her pcp and given pain meds and nsaid and sent for ortho eval. clinical findings suggest a meniscal tear. joint line tenderness, swelling, effusion, and + mcmurrays sign.; 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	Knee pain swelling nothing makes it better walking and standing makes it worse patient has been taking aleve.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	knee pain x 1 year. pt taking OTC pain reliever and instructed to walk for exercise. pt refused/didnt' want any prescription pain meds. he was referred to orthopaedic consult. upon consult w ortho pt has probable medial meniscal tear. medial joint line te; 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.; pt instructed to walk for weight reduction and taking OTC pain meds, pt refused prescription pain meds. referred to our orthopaedic office for further eval. upon eval with ortho, probable degenerative medial meniscal tear.; The patient received oral analgesics.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	knee possible meniscus tear; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	Left knee pain and swelling. She had an acute injury. X-rays from the emergency department were reviewed. They're read out as negative. I do question a small fracture proximal lateral tibial plateau. No displacement with that. I'm also concerned abo; 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	Left knee pain, possibly from osteoarthritis of mild-to-moderate nature. Recalcitrant pain in her left knee. She states that is a deep, sharp pain, deep down in the bone. It is around the knee cap.; 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 knee pain.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	MRI of RT knee recommended to evaluate knee s/p ACLR and LMR. ROM 0-120 degrees. There is no significant crepitus with range of motion. Mild medial joint line tenderness.; 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; 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	MRI will be used to more closely evaluate medial lateral compartments for arthritis versus meniscus tears.; 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; 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	Mrs. Smith fell on 8/10/2016. She has increasing joint effusion and constant pain with activity. Grade 1 Valgus and negative Lachmans. Xrays were negative for fracture.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	MYONECROSIS 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.; 3/10/2016; There has been treatment or conservative therapy.; HISTORY OF MYONECROSIS OF HER LEFT POSTERIOR TIBIALIS MUSCLE, INCREASING PAIN, SWELLING, TIGHTNESS, ALSO STARTING TO HAVE SAME SYMPTOMS IN RIGHT SIDE.; PT	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Need to evaluate the ACL and PCL to see if torn and surgery is warranted.; 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	new patient seen with this MD, has had previous conservative care that has not provided relief, MD wants to r/o meniscus tear; 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	None; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	pain, locking;; 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	Patellofemoral stress syndrome; HISTORY OF PRESENT ILLNESS: Returns today for her right knee. She is a very active runner. We have been treating her for IT band syndrome. She is now complaining more pain in her patellofemoral joint. EXAMINATION: ; 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	PATIENT FELL 2 MONTHS AGO GETTING OUT OF HER CAR. TWISTED LEFT KNEE. MEDIAL JOINT PAIN. TROUBLE SQUATTING, CLIMBING STAIRS AND WALKING PROLONGED DISTANCE. THE KNEE STAYS VERY SORE OF MEDIAL SIDE AND SWOLLEN. XRAYS SHOW MODERATELY SEVERE NARROWING OF THE ME; 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 had a twisting injury 8-12-16. complains of locking, catching, and sharp pain. marked medial joint line tenderness. pain with mcmurray testing. patient has been wearing a brace; 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 HAD INJURY IN JULY WHILE PLAYING SOCCER. SHE STEPPED IN A HOLE AND TWISTED HER KNEE, FELLING IMMEDIATE PAIN. NOTHING HAS HELPED HER PAIN, AND SHE HAS PAIN WITH BENDING. SHE HAS TAKEN HYDROCODONE.; 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 a history of ankle surgery, swelling and pain in the ankle; This is a request for an Ankle MRI.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient has had injections and anti-inflammatories.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient has seen Karen Reynolds, APRN for bilateral knee pain and was referred here. Patient complains of both knees hurting with mechanical symptoms of popping and catching. Medial joint line is tender to palpation and has 1+ patellofemoral crepitus. X-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 arthroscopy is not scheduled in the next 4 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient injured it approximately 3 months ago. She has tried rest, anti-inflammatories and home exercise program. She continues to have pain along with instability. Patient had an inversion type of injury. When she jumped off a trailer and landed in a ; 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	Patient Right Knee buckled and she fell 1 1/2 weeks ago. 1 plus adema. Medial joint line tenderness.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; 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 states that she has continued right knee pain and states that she had a twisting injury involving her right 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 was involved in a motor vehicle accident on 6/14/2016. He has remained in a knee immobilizer for 2weeks but he has shown no signs of improvement.; This study is being ordered for trauma or injury.; 6/14/2016 - Motor Vehicle Collision; There has been treatment or conservative therapy.; Pain, Swelling, Weakness and instability.; Rest, Nsaids, and knee immobilizer	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	patient's pain has not improved even after physical therapy.; 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	pivot and twist problems. pain on lateral joint line. Negative xrays for fractures. Xray shows may be some early squaring on the plateau.; 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	positive McMurrays, and effusion. decreased extension; 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	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; 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	Right knee- Severe patellar crepitus. Mild medial and lateral patellar facet tenderness. Positive for Patellar Compression testing.  Left knee- Moderate to severe patellar crepitus. Mild medial and lateral patellar facet tenderness.; This study is 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 been treatment or conservative therapy.; The patient experiences pain, bruising, numbness, limping, locking, popping, tingling, weakness and giving way.; She has seen no improvement with Meloxicam, Tramadol, rest, and injection.	2

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	rt knee pain for several years. pt has instability and locking, swelling and pain that wakes her from sleep. she has tried pain relivers and nsaids for several months and the pain is getting worse; 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.; activity modifications and rest; The patient received oral analgesics.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Suspected ADL tear.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Susupected ligament or tendon injury; This study is being ordered for trauma or injury.; 06/23/2016; There has not been any treatment or conservative therapy.; pain, unable to bear weight, some diffuse edemaq in her foot. Most of the tenderness is on the lateral side of the ankle and foot roughly along the course of the peroneal tendons. Suspected ligament or tendon injury	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	swelling; warmth; catching/locking; instability, throbbing; deep; constant; not changing, Bony Palpation Right: tenderness of the lateral patellar facet, the medial patellar facet, the lateral joint line (moderate), and the medial joint line (exquisite). ; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Tenderness to palpation medial joint line left knee as well as across the distal medial femoral condyle. Positive McMurray's test left knee, weakness; tingling;; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	the knee feel inflamed been using Ice and Motrin. The pain is dull and burning; 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; No, patient has not completed and failed a course of conservative treatment.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	The patient is having right knee pain that has been going on since July 2016. On exam the Doctor noted Severe medial joint line tenderness to palpation and a positive McMurray test.; 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.; 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	The patient states an accident was involved. The accident was a fall. The accident was a twisting injury. He notes the pain is aggravated by weight bearing activities. Prior to the accident he did not have this pain. He rates this pain 8 on a 10 point; 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	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

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.	14
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 not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	4
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

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 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.; "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.	23
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is 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

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is 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 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.	3

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Orthopedics	Approval	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 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 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 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 a known palpated mass.; This study is being ordered for evaluation of Morton's Neuroma.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	1
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 a protective boot for at least 6 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for neuroma.; 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 foot MRI.; The study is being ordered for foot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Instability	2
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.; Left knee prepatellar mass, probable cyst. Bilateral ankle & foot pain; 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.; radiologist requested a new MRI WITH contrast; 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 ordering physician is an orthopedist.; Non-acute Chronic Pain; Instability	12
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Limited range of motion	6
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Locking	18

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	13
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Post-operative Evaluation	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	780
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Instability	3
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Limited range of motion	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Locking	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Swelling greater than 3 days	6

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Instability	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The 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	39
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.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days	2
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	6
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; &Additional Clinical Information&; 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.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; LEG LENGTH DISCREPANCY WITH NEW FINDING OF LYTIC WELL-DEFINED LESION IN THE CENTRAL PROXIMAL RIGHT TIBIAL METAPHYSIS WITH ASSOCIATED THICK PERIOSTEAL REACTION. THIS MY REPRESENT A LESION OF CHRONIC INFECTION. HISTIOCYTOSIS IS A POSSIBILITY AS WELL, OTHER ; 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	21
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,supsected tumor or Aseptic Necrosis; Pain greater than 3 days	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	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; Pain greater than 3 days	9
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.; Physician directed course of non-steroidal anti-inflammatory medications	4
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; 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	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?	32
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).	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 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.	4
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is 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

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?	6
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; This is a request for a Knee MRI.; The ordering physician is an orthopedist.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury; Suspected meniscus, tendon, or ligament injury	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Limited range of motion	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; Locking	3
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Swelling greater than 3 days	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; This study is not being ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; Pre-operative Evaluation; Instability	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; This study is not being ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; Pre-operative Evaluation; 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.; Yes, the patient had a recent ultrasound of the knee.; The patient had recent plain films of the knee.; It is not known if the patient has had a recent bone scan.; The results of the plain films is not known.; History of breast cancer now with soft tissue mass versus cystic fluid collection along the medial left knee; Suspicious Mass or Suspected Tumor/ Metastasis; No, the ultrasound of the knee was not normal.	1
Orthopedics	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.; The patient had recent plain films of the knee.; The patient has not had a recent bone scan.; The plain films were normal.; Mr. Wilson has left knee swelling that began about 6 months ago. He continues to have intermittent swelling and pain on the medial side of knee. Upon evaluation on 8/19/16, there is a 2-3cm mass medial side at the joint. Ultrasound suggests a cyst but e; Suspicious Mass or Suspected Tumor/ Metastasis; No, the ultrasound of the knee was not normal.	1

Orthopedics	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.; 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.; palpable mass; Suspicious Mass or Suspected Tumor/ Metastasis; Yes, the ultrasound of the knee was normal.	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 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	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.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	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 a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is 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.	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 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.	12

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is taking antibiotics.; This is a study for a fracture which does not show healing (non-union fracture).	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	49
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.	3
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is being ordered by the operating surgeon for pre-operative planning.	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 not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.	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 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
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 does not have an abnormal plain film study of the ankle other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.	1
Orthopedics	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.	3
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is 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.	35

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

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient 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.	3
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; The study is for post operative evaluation.; There are physical or plain film findings of delayed or failed healing.; The study is requested for a reason other than ankle pain.	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	trying to rule out bilateral quad tears after football injury; This study is being ordered for trauma or injury.; 08/19/16; There has been treatment or conservative therapy.; Pain and swelling; Rest, ice and NSIAD	2

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	twisting and exercising makes it worse. Patient has had Therapy 2 1/2 years ago on 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 an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	unknown; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is 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	UNKNOWN; This study is 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.; SWELLING, POPPING, NUMBNESS RADIATING TO THE FEET, POSITIVE APLEYS AND MCMURRAYS TEST ON BOTH KNEES AND POSITIVE COMPRESSION TEST, TENDERNESS OF MEDIAL JOINT LINES ON RIGHT AND LEFT. TENDERNESS ON BOTH KNEES; KNEE BRACE, ANTI-INFLAMMATORY MEDS, ICE AND HEAT PACKS,	2

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	X-RAY WAS DONE NO ABNORMALITIES JUST JOINT EFFUSION; This study is being ordered for trauma or injury.; 2/3/2016; There has been treatment or conservative therapy.; JOINT EFFUSION , POPPING AND LOCKING, MCMURRAYS TEST BI-LATERAL; PHYSICAL THERAPY AND INFLAMMATORY MEDICATION	2
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	; This study is being ordered 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
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT 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.; Patient states 6 months duration.; There has been treatment or conservative therapy.; Bilateral hip and low back pain.; Aleve and Tramadol	2
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	; This study is being ordered for Vascular Disease.; 5/17/2011; There has not been any treatment or conservative therapy.; Both hips have -3 rotation with pain. Pulses are difficult to palpate. Marked decrease in function likely caused by avascular necrosis of her hips possibly have developed crescent findings	2

Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Pt has Metaphyseal Chondrodysplasia, Schmid type. His replacements are metal on metal and he is having pain in both hips, not able to walk or stand for prolonged periods. He is at risk for increased metal ion levels with metal bearing surfaces as well 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.; 03/01/2016; There has not been any treatment or conservative therapy.; Bilateral hip pain. He had bilateral hip replacements in 2008. Cannot stand or walk any distance.	2
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	She has pain with abduction and internal rotation. She is an active 13-year-old who plays sports and is on dance team.; This study is being ordered for Congenital Anomaly.; Approximately one year ago; There has been treatment or conservative therapy.; Anterior hip pain with abduction and internal rotation with popping and pain. Has audible pop with squatting.; physical therapy	2

Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	The patient has had severe, incapacitating left hip joint, anterior and lateral thigh pain for the last 2 weeks. She is now essentially bedridden. It is likely that she has a disc herniation at L4-5 causing her symptoms, but it is also possible that she; This study is 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 2 weeks ago; There has been treatment or conservative therapy.; Severe low back, left hip and left leg pain. Numbness, weakness and tingling left leg. Nocturia; chiropractic treatment, ibuprofen, flexeril	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 member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	4
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 due to an old injury.; The request is for hip pain.	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.; There is a suspicion of fracture not adequately determined by x-ray.; It is not known if there is a suspicion of tendon or ligament injury.; The hip pain is due to a recent injury.; The request is 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 no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	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 steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1

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

Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient does not have a documented limitation of their range of motion.	1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	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 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 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.	25
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	4

Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient has a documented limitation of their range of motion.	2
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	2

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 not for pre-operative planning.; The patient has a documented limitation of their range of motion.

6

Orthopedics

Approval

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

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

Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	11
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has 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 not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is 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.	8
Orthopedics	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 been performed on the member in the past 3 months.	1
Orthopedics	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
Orthopedics	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

Orthopedics	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	. I reviewed her cervical MRI with one of our spine surgeons, Dr. Kate McCarthy.   MRI cervical spine without contrast which was performed 9/9/16 here at ASO shows some focal areas of abnormal signal intensity in the cervical cord posteriorly extending; 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
Orthopedics	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Burning sensation from the cervical spine to lower extremities; moderate rom; flexion and extension restrictions; patient started doing spinal exercises 08/08/2016; non steroidal anti-inflammatories; This study is being ordered for a neurological disorder.; 08/01/2016; There has been treatment or conservative therapy.; H/A and dizziness; neck pain w/radiculopathy to extremities; Medication	1
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 sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	1
Orthopedics	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< 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

Orthopedics	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
Orthopedics	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	cervical decompression 1999 w/mylopathy; This study is being ordered for a neurological disorder.; 04/29/2016; There has been treatment or conservative therapy.; weakness; instability; muscle spasms; hx cervical decompression fusion; pt under another mdo	1
Orthopedics	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	EMG report indicates moderate to severe median neuropathy on the left. Patient has questionable pseudoarthrosis.; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; Clicking,popping,soreness and pain in her neck, and numbness in her hand. Some stiffness.; Patient has been going to physical therapy.	1
Orthopedics	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is status post ACDF, C6-7 with continued radiculopathy. Patient may have mild collapse of graft. she may require posterior foraminotomy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/01/2015; There has been treatment or conservative therapy.; Numbness and weakness in the cervical spine radiating to hands and down the right side of her body; Physical therapy, anti-inflammatory meds, injections	1

Orthopedics	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient previously had anterior cervical fusion C5-6 now having neck pain and pain and right upper extremity to elbow; It is not known if the patient has any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; Caller does not know how many follow-up Cervical Spine CTs the patient has had.	1
Orthopedics	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Post C5-7 ACDF with severe neck and back pain with radiculopathy and numbness. Very limited ROM in back. positive Tinel'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.; 5/1/16; There has not been any treatment or conservative therapy.; severe pain in neck and back with radiculopathy and numbness in bilateral hands	1
Orthopedics	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.	1

Orthopedics	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	CT and MRI are required to evaluate the spine for failure of fusion and adjacent segment 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.; 3/1/16; There has been treatment or conservative therapy.; Post lumbar fusion patient presents with right buttock and lateral hip pain with thoracic and lumbar pain; medication; Prednisone; Mobic; Hydrocodone; Pt cannot tolerate NSAID'S; Pt has inflammatory arthritis	1
Orthopedics	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	Medical therapy also.; This study is being 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 suffers with the pain in lower back; pain in across shoulders to neck which radiates to head.; back surgery, PT March 2015 post op.	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 has a history of severe low back trauma or lumbar injury.	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 is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	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.; first of the year; There has not been any treatment or conservative therapy.; pain catching can not move shoulder all the way around	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 07/27/2016; There has been treatment or conservative therapy.; pain; Medication	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 4/16/16; There has been treatment or conservative therapy.; pain/neck pain / radiation to right arm low back pain radiculopathy; HEP/OCT NSIADS / medications	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.; 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	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.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; 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
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.;	1

Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does 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.; 3/30/2016; There has been treatment or conservative therapy.; Pain in bilateral back, gluteal area, thigh and leg. balance disturbances, decreased mobility, gait disturbance, numbness, spasms, tingling in legs, thighs, weakness in legs and thighs; nonsteroidal anti-inflammatories, physical therapy, Trigger point injections	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.; 1991; There has been treatment or conservative therapy.; Pain is moderate to severe in intensity and aching, burning, piercing, sharp in nature. Pain radiates into the right posterior buttock, thigh to the knee. Pain is aggravated by lifting, standing, twisting, walking. She is also having neck pain that radiat; Chiropractic treatment and Physical 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 trauma or injury.; right shoulder 5/15/16; cervical spine in 2007; There has been treatment or conservative therapy.; ; Ibuprofen and tizanidine. Home program for shoulder	1

Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	41-year-old female Status post C5-6 ACDF on 2/5/15. She had a motor vehicle accident on 10/8/15. Since that time she has had pain radiating into the right arm. She has had right shoulder pain. The pain is severe. Making it hard to sleep. She continues; This study is being ordered for a neurological disorder.; 10/08/2015; There has been treatment or conservative therapy.; Patient is having RLE pain and with Radiculopathy to the Right Foot, Positive left spurlings with pain to left Thumb, Shoulder/RUE shoulder pain with radiculopathy to the right hand.; Patient has undergone epidural steroid injections, oral steroids, NSAID therapy, and a home exercise program.	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	cervical spine pain with radiculopathy . suspected C7 insufficiency; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; upper extremity numbness, tingling and 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

Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	DR BELIEVES MAY HAVE HERNIATED DISC OR FACET JOINT COMPRESSING A NERVE IN CERVICAL SPINE.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; FOCAL WEAKNESS, PARESTHESIA. LEFT ARM IS TINGLING MORE THAN RIGHT ARM.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	EMG report indicates moderate to severe median neuropathy on the left. Patient has questionable pseudoarthrosis.; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; Clicking,popping,soreness and pain in her neck, and numbness in her hand. Some stiffness.; Patient has been going to physical therapy.	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness or tingling into the arm or hand. constant ache to it, aggravated by certain positioning. It doesn't bother her particularly at night, primarily with working activities, but it does bother her with pain, dull ache if you will, with just sitting, ; This is a 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	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has history of HNP at C5-6 on old MRI. Has been treated with cervical ESI x 2. Needs new MRI for surgical planning.; This is a request for cervical spine MRI; Pre-Operative Evaluation; It is not known when surgery is scheduled.	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is status post ACDF, C6-7 with continued radiculopathy. Patient may have mild collapse of graft. she may require posterior foraminotomy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/01/2015; There has been treatment or conservative therapy.; Numbness and weakness in the cervical spine radiating to hands and down the right side of her body; Physical therapy, anti-inflammatory meds, injections	1

Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Seen in office visit on 03/19/2015 for cervical acute neck pain. No abnormality on CT on 03/19/2015. patient has radicular symptoms. She does have pain with range of motion with decreased range of motion and pain radiating to the left side with Spurling s; This is a request for 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	Suspect 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.; October 2015; There has been treatment or conservative therapy.; Pain in left rhomboid region, trouble lifting, suspect radiculopathy.; Injections, home exercises, medication	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.; It is not known if this patient had a recent course of supervised physical Therapy.	1

Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient is having neck pain that he states that he cannot live with. Range of motion is decreased for cervical flexion, extension and axial rotation.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There is loss of curve in C Spine; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt having weakness in R shoulder after moving heavy furniture; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; 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

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; She is having pain in her neck. Her therapist working with her shoulder, thinks she may be having some cervical radicular symptoms. She does complain of numbness on the small and ring finger. On x-rays she has loss of cervical lordosis, multilevel dege; 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; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; The last Cervical Spine MRI was not performed within the past two weeks.	1
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.; Chronic neck pain following MVA in 2015	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.; PATIENT IS POST OP FRACTURE CLAVICLE. IS LIMITED ON CONSERVATION TREATMENT AT THIS TIME	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.; UNKNOWN	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; ; No, the patient does not have new or changing neurological signs or symptoms.	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Upon examination of his right shoulder, he can elevate to 170 degrees. External rotation at 80 degrees. Internal rotation at T10. Non-tender over the AC joint and rotator cuff insertion. Tender over the trapezius and medial scapular border. Negative O'B; This study is 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 4 years.; It is not known if there has been any treatment or conservative therapy.; Nolen Buffalo is a 42-year-old male who comes to clinic for right shoulder pain, referred by Stephen Humbard. Today, he reports long standing right shoulder pain. He reports that he is a very active individual; he suspects he injured his right shoulder ma	1

Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	will FAX; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed 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
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 trauma or injury.; 07/27/2016; There has been treatment or conservative therapy.; pain; Medication	1
Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 3/30/2016; There has been treatment or conservative therapy.; Pain in bilateral back, gluteal area, thigh and leg. balance disturbances, decreased mobility, gait disturbance, numbness, spasms, tingling in legs, thighs, weakness in legs and thighs; nonsteroidal anti-inflammatories, physical therapy, Trigger point injections	1

Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; 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.; Patient had CT thoracic spine done on 5/31/16 that showed a 6mm lytic defect at the base of the left pedicle at the T4 level with a thin sclerotic surrounding rim with some increased density in the surrounding bone and a 1cm radiolucent lesion within the	1
Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; Thoracic spine pain despite conservative treatment including 6 weeks of PT and OTC NSAID	1
Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if there are documented findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.";	1

Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	New onset of thoracic and lumbar pain status post fall. L2-3 segmental kyphosis degenerative segment kyphosis with stenosis bilateral L3 radiculopathy. degenerative disc disease L3-4; This study is being ordered for trauma or injury.; 8/1/16; There has not been any treatment or conservative therapy.; fractured R ankle, lumbar and thoracic back pain	1
Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has had pain for the past year after a fall, physical findings were painful forward flexion and extension at the back with tenderness over the left scapula medially and distally; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	1
Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt is suffering from rotational deformity with pain in the thoracic lumbar area. the pain is severe and has affected her quality of life and her work. she has a prominent rib hump at T7 measuring 12 degrees.; This study is 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 been treatment or conservative therapy.; severe pain, chronic; Anti-inflammatories; Physical Therapy	1

Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Suspect 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.; October 2015; There has been treatment or conservative therapy.; Pain in left rhomboid region, trouble lifting, suspect radiculopathy.; Injections, home exercises, medication	1
Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness is do to radiating pain to both lower extremity, pain is server and sharp in nature, failed treatment with med and therapy, no recent imaging and history of lumbar surgery; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1

Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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
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 trauma or injury.; 4/16/16; There has been treatment or conservative therapy.; pain/neck pain / radiation to right arm low back pain radiculopathy; HEP/OCT NSIADS / medications	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; 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
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	2
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	3

Orthopedics	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.; not known; There has been treatment or conservative therapy.; Neck and lower back pain with radiculopathy. decreased mobility, numbness in bilateral feet and tenderness in lower extremities. Neuro is positive for numbness. MS is positive for decreased mobility and tenderness; non steroidal anti-inflammatory medications, life style modifications and spinal exercise	1
Orthopedics	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.; 06/01/2016; There has been treatment or conservative therapy.; ; xrays were negative to any bone injury patient states she has tried anti inflammatories over a course of the year without any relief. she has had previous back surgery	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 not been any 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 trauma or injury.; 1991; There has been treatment or conservative therapy.; Pain is moderate to severe in intensity and aching, burning, piercing, sharp in nature. Pain radiates into the right posterior buttock, thigh to the knee. Pain is aggravated by lifting, standing, twisting, walking. She is also having neck pain that radiat; Chiropractic treatment and Physical Therapy	1

Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	41-year-old female Status post C5-6 ACDF on 2/5/15. She had a motor vehicle accident on 10/8/15. Since that time she has had pain radiating into the right arm. She has had right shoulder pain. The pain is severe. Making it hard to sleep. She con; This study is being ordered for a neurological disorder.; 10/08/2015; There has been treatment or conservative therapy.; Patient is having RLE pain and with Radiculopathy to the Right Foot, Positive left spurlings with pain to left Thumb, Shoulder/RUE shoulder pain with radiculopathy to the right hand.; Patient has undergone epidural steriod injections, oral steroids, NSAID therapy, and a home exercise program.	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	A 29-year-old black female, nurse at a rehab center, has been having left leg pain for two months without any precipitating trauma. Her pain seems to be centered around her thigh, her knee radiating down into the calf, producing numbness in the great toe.; 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	Comments This is a well-developed, well-nourished female in no acute distress. Examination of the hips reveals stable range of motion without discomfort. There is slight tenderness to palpation of the trochanteric bursa bilaterally. There is some te; The study 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	CT and MRI are required to evaluate the spine for failure of fusion and adjacent segment 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.; 3/1/16; There has been treatment or conservative therapy.; Post lumbar fusion patient presents with right buttock and lateral hip pain with thoracic and lumbar pain; medication  Prednisone Mobic Hydrocodone  Pt cannot tolerate NSAID'S Pt has inflammatory arthritis	1

Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	diagnosed with sciatica Lumbar back pain with concern for foraminal stenosis.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	fax; 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	Injury on June 19th increasing pain and weakness, failed conservative treatment.; 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 states that he has weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Low back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MRI Lumbar Spine without contrast to rule out spinal stenosis. Pain x 7 months, pain radiates to the left thigh, sharp pain, aggravated by bending and movement. Associated symptoms include tenderness, numbness, popping and tingling in the legs. No known i; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	New onset of thoracic and lumbar pain status post fall. L2-3 segmental kyphosis degenerative segment kyphosis with stenosis bilateral L3 radiculopathy. degenerative disc disease L3-4; This study is being ordered for trauma or injury.; 8/1/16; There has not been any treatment or conservative therapy.; fractured R ankle, lumbar and thoracic back pain	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9yrs; There has been treatment or conservative therapy.; Pt pain is radiating in the hand. tightness and tender. Limited range of motion; medications, had injections	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had been experiencing chronic low back pain for over 2 months with back spasms.; 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

Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is not improving despite conservative treatment, she is actually getting worse now with symptoms of chest 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.; 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	Patient is status post ACDF, C6-7 with continued radiculopathy. Patient may have mild collapse of graft. she may require posterior foraminotomy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/01/2015; There has been treatment or conservative therapy.; Numbness and weakness in the cervical spine radiating to hands and down the right side of her body; Physical therapy, anti-inflammatory meds, injections	1

Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient with history low back pain pain right lower extremity as well as some occasional and left lower extremity.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Post C5-7 ACDF with severe neck and back pain with radiculopathy and numbness. Very limited ROM in back. positive Tinel'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.; 5/1/16; There has not been any treatment or conservative therapy.; severe pain in neck and back with radiculopathy and numbness in bilateral hands	1

Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt is being prepared for surgery on the spine. Apex rotation T6-7 to the right with significant rotational deformity. Pt has tried physical therapy for years; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Progressivly increasing X 10 years; There has been treatment or conservative therapy.; Scoliosis, with moderate rotational deformity with right sided pain, chronic; Chiropractic care, mobilization of the joints and stretching, exercise and anti-inflammatories.	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	rule out disc herniation; 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.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Pain continued with no improvement noted.	1

Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	the study is being ordered for Vascular Disease. The onset date was 5/17/11; 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	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	8
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 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)	2
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This gentleman has for years had difficulty with his back and left leg. He has pain that goes from his back down into his buttocks to the dorsum of his left foot. It is aggravated by coughing and sneezing. This gentleman was in construction work for y; 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	<p>This pt.has failed conservative care to include, physical therapy, medications, injections and life style modifications. The patient has significant functional impairment with persistent radiculopathy. Imaging studies show nerve root impingement in the s; 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 severe pain and weakness in his bilateral legs. tingling and numbness in both legs and thighs causing the pt to walk with a limp. decreased, painful range of motion in both lumbar back 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.</p>	1
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Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Tiffany Jones is a 41-year-old female who comes to clinic for a recheck of the left knee. She had a twisting injury roughly 3 months ago and was treated with an intra-articular corticosteroid injection at her last visit. Upon her visit today, she reports ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Kenalog injection, Lasix, Flovent Diskus.	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.	3
Orthopedics	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Chronic sacral pain for greater than three months; 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	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.; 9yrs; There has been treatment or conservative therapy.; Pt pain is radiating in the hand. tightness and tender. Limited range of motion; medications, had injections	1

Orthopedics	Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; long standing; There has been treatment or conservative therapy.; LRM/ night time pain; HEP/ steroids shots	2
Orthopedics	Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	CONCERNS FOR ROTATOR CUFF PATHOLOGY; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; SEVERE PAIN AFFECTING SLEEP, POSITIVE HAWKINS AND SPEED BILATERALLY, 4 MINUS OUT OF 5 STRENGTH, CANNOT HAVE AN MRI DUE TO HAS A PACEMAKER; MEDICATIONS, INJECTION	1
Orthopedics	Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Pre-operative planning for possible shoulder replacement.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ongoing for sometime; There has been treatment or conservative therapy.; Decrease ROM, pain, and progressive arthritis; Pt has given anti-inflammatory medication, injections, and home exercise program.	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	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.; first of the year; There has not been any treatment or conservative therapy.; pain catching can not move shoulder all the way around	1
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2009; There has been treatment or conservative therapy.; pain; home exercise	1
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; right shoulder 5/15/16 cervical spine in 2007; There has been treatment or conservative therapy.; ; Ibuprofen and tizanidine. Home program for shoulder	1
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	41-year-old female Status post C5-6 ACDF on 2/5/15.  She had a motor vehicle accident on 10/8/15. Since that time she has had pain radiating into the right arm. She has had right shoulder pain. The pain is severe. Making it hard to sleep.  She con; This study is being ordered for a neurological disorder.; 10/08/2015; There has been treatment or conservative therapy.; Patient is having RLE pain and with Radiculopathy to the Right Foot,   Positive left spurlings with pain to left Thumb,   Shoulder/RUE shoulder pain with radiculopathy to the right hand.; Patient has undergone epidural steroid injections, oral steroids, NSAID therapy, and a home exercise program.	1

Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Fall on July 26th and also had a ankle fracture that we have been caring for. He has been in wrist splint to rest his elbow and arm. No improvement.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	MRI ARTHOGRAM IS NEEDED TO PROPERLY ASSESS THE PATIENT'S LABRUM & PROXIMAL BICEPS TENDON.; This study is 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 SAW DR. MITCHELL 3 MONTHS AGO C/O L SHOULDER PAIN. NON SURGICAL TREATMENT SUGGESTED.PATIENT HAS COMPLETED 2 MONTHS OF PHYSICAL THERAPY AND TAKEN NSAIDS WITH LITTLE RELIEF.; There has been treatment or conservative therapy.; LIMITED ROM. PAIN WITH OVERHEAD LIFTING. INSTABILITY.PM PAIN.; PHYSICAL THERAPY & MEDICINE (NSAIDS)	1
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Need to evaluate Rotator cuff tear for possible surgery; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2005; There has been treatment or conservative therapy.; Loss of ROM; Ibuprofen and rest and Ice	2

Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	PATIENT IS HAVING SEVERE LT SHOULDER PAIN; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient was involved in a motor vehicle accident on 6/14/2016. He has remained in a knee immobilizer for 2weeks but he has shown no signs of improvement.; This study is being ordered for trauma or injury.; 6/14/2016 - Motor Vehicle Collision; There has been treatment or conservative therapy.; Pain, Swelling, Weakness and instability.; Rest, Nsaids, and knee immobilizer	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.	2
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	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	Disapproval	73225 MRA, MRI ANGIOGRAPHY UPPER EXTREMITY WITH/WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MRI ARTHOGRAM IS NEEDED TO PROPERLY ASSESS THE PATIENT'S LABRUM & PROXIMAL BICEPS TENDON.; This study is 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 SAW DR. MITCHELL 3 MONTHS AGO C/O L SHOULDER PAIN. NON SURGICAL TREATMENT SUGGESTED.PATIENT HAS COMPLETED 2 MONTHS OF PHYSICAL THERAPY AND TAKEN NSAIDS WITH LITTLE RELIEF.; There has been treatment or conservative therapy.; LIMITED ROM. PAIN WITH OVERHEAD LIFTING. INSTABILITY.PM PAIN.; PHYSICAL THERAPY & MEDICINE (NSAIDS)	1
Orthopedics	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	A tight heel co0rds is noted. She is unable to do a single-leg rise on the 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.; Original injury is from when patient was 10 years old. Saw dr in 2014 and was told her foot wasn't fixable. Her foot & ankle has gradually gotten worse over the years; It is not known if there has been any treatment or conservative therapy.; left foot pain, foot is getting flatter & continue loss of arch, severe valgus hindfoot alignment is noted .limited inversion movement of the left foot. Tenderness with palpitation of the first TMT joint	1

Orthopedics	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	PATIENT HAVING PROBLEMS STANDING AT HER JOB. PHYSICIAN SUSPECTS HAIRLINE 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.; MARCH 2016; There has been treatment or conservative therapy.; PAIN WHEN WALKING AND STANDING. HER JOB REQUIRES HER TO STAND ALL DAY AND SHE IS IN CONSTANT SEVERE PAIN. NO INJURY; PATIENT HAS WORN AN ACE BANDAGE AND USED IBUPROFEN AND TYLENOL WITH NO RELIEF. SHE HAS ALSO MODIFIED HER ACTIVITIES.	1
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.; There is not a suspected tarsal coalition.; The patient has 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.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary		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.; < 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
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 trauma or injury.; 08/6/2016; There has not been any treatment or conservative therapy.; foot and ankle pain	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 trauma or injury.; 6/29/2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Wearing boot; Medications	2
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1

Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; 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	; 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	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	2
Orthopedics	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.; ;	2
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	3/26/16 stepped into a hole while hiking up to knee. significant amount of pain in left foot. When wearing shoes has pain across top of foot. unable to weight bear for long periods of time; This study is being ordered for trauma or injury.; 3/26/16; There has been treatment or conservative therapy.; pain in left foot; physical therapy, walking boot, gabapentin,& meloxicam	2
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Continued left ankle pain despite conservative treatment to include PT, bracing, ice and NSAIDS.; This is a request for an Ankle MRI.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1

Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Feels something under kneecap and pt has a hx of cancer; 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	He had an x-ray indicating degenerative joint disease of the knee. He has knee 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 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	her right knee is been progressively painful over the past year. She relates some intermittent swelling. Limping has been notable as well as night pain. She feels some locking has been occurring, most severely last week. Oral anti-inflammatory medications; 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.; ; The patient received medication other than joint injections(s) or oral analgesics.	1

Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	HISTORY OF PRESENT ILLNESS: Patient complains of pain in her left knee medially which began about 2 weeks ago when she fell down some stairs one evening. She reports no prior problems with the right knee. She was seen at the urgent care and placed in a k; 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	I will obtain an MRI on her left ankle and left foot without contrast for reevaluation to see if there is any chondral damage or any potential other injuries. ; 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

Orthopedics

Disapproval

73720 MRI LEG OR
LOWER EXTREMITY ,
OTHER THAN JOINT

Radiology Services Denied Not
Medically Necessary

is patient returns today for follow-up. he continues with significant pain in the thigh and proximal tibia region. He had his MRI which showed a septated mass in the popliteal region. The radiologist has recommended postcontrast MRI. He continues with 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.; tthis patient returns today for follow-up. He is status post injection of his right knee. He got a few hours of good relief probably from the anesthetic effect. The following day he had severe pain in the knee. He uses an elastic wrap with some slight; There has been treatment or conservative therapy.; tthis patient returns today for follow-up. he continues with significant pain in the thigh and proximal tibia region. He had his MRI which showed a septated mass in the popliteal region. The radiologist has recommended postcontrast MRI. He continues wit; He uses an elastic wrap with some slight benefit.  Nitrostat 0.4 mg sublingual tablet place 1 tablet by sublingual route at the 1st sign of attack; may repeat every 5 min until relief; if pain persists after 3 tablets in 15 min, prompt medical attention

1

Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	knee out of place; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ongoing for 4 months; There has been treatment or conservative therapy.; left shoulder has weakness right knee has joint tenderness; home exercise program, medication, injections	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	knee possible meniscus tear; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	patient complains of right ankle pain with negative x-rays. exam consistent with possible tendon tear. She has failed conservative treatment, home exercise program and NSAIDS.; This is a request for an Ankle MRI.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	PATIENT HAS HAD PAIN SINCE APRIL WITH NO RELIEF, EVEN THOUGH SHE HAS HAD ACTIVITY MODIFICATION AND TAKEN MELOXICAM. PHYSICIAN SUSPECTS LIKELY 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	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient has seen Karen Reynolds, APRN for bilateral knee pain and was referred here. Patient complains of both knees hurting with mechanical symptoms of popping and catching. Medial joint line is tender to palpation and has 1+ patellofemoral crepitus. X-r; 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	PATIENT HAVING PROBLEMS STANDING AT HER JOB. PHYSICIAN SUSPECTS HAIRLINE 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.; MARCH 2016; There has been treatment or conservative therapy.; PAIN WHEN WALKING AND STANDING. HER JOB REQUIRES HER TO STAND ALL DAY AND SHE IS IN CONSTANT SEVERE PAIN. NO INJURY; PATIENT HAS WORN AN ACE BANDAGE AND USED IBUPROFEN AND TYLENOL WITH NO RELIEF. SHE HAS ALSO MODIFIED HER ACTIVITIES.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient is 7 months out from a right calcaneus fracture. He stepped in a hole roughly 1 week ago and injured his foot again. Mild edema in the posterior foot. Strength is limited due to pain. Stiff range of motion of ankle and digits are noted. Possible A; This is a request for an Ankle MRI.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1

Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	PHYSICIAN WANTS TO RULE OUT A MEDIAL MENISCUS TEAR.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has 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.; PATIENT HAS BEEN TREATED WITH ACITIVITY MODIFICATION AND MOBIC. SHE HAS ALSO USED REST AND ICE.; The patient received oral analgesics.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	possible damage & injury of ACL; 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	Question partial achilles rupture Chronic tendinitis; This is a request for an Ankle MRI.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1

Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Recurrent locking and pain left knee   41-year-old assistant manager at Family Dollar and Southwest Little Rock relates recurrent catching in her left knee, even dating back to her youth. She was occasionally manipulate this with a popping sound to rel; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	RULE OUT CALCANEOUS FX AND INFECTION; This study is being ordered for Inflammatory/ Infectious Disease.; MARCH 2013; There has been treatment or conservative therapy.; PAIN, DECREASED MOBILITY, LIMPING, WEAKNESS; IMMBOLIZATION, BOOT,CRUTCHES,PT,ORTHOTICS	2
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Study is being ordered to rule out tendon tear. No relief from anti-inflammatory medications.; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for tendonitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Suspected ligament or tendon injury; This study is being ordered for trauma or injury.; 06/23/2016; There has not been any treatment or conservative therapy.; pain, unable to bear weight, some diffuse edemaq in her foot. Most of the tenderness is on the lateral side of the ankle and foot roughly along the course of the peroneal tendons. Suspected ligament or tendon injury	1

Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	The patient is having left knee pain. She has had 2 left knee arthroscopies with continued pain. Dr. Allison has ordered a left knee MRI and 3 phase bone scan to try to find the cause of her pain.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; 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	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	The patient most likely either has some scarring or arthrofibrosis potentially about her left ankle with or without some form of chondromalacia about her left tibiotalar articulation. I will obtain an MRI on her left ankle and left foot without contrast; This is a request for an Ankle MRI.; It is not known if surgery or arthroscopy is scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; It is not known if 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	The Pt is taking anti inflammatory medications, x-rays were negative, joint line tenderness, and decreased ROM.; 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.; Suspected meniscus, tendon, or ligament injury	2
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
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.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Limited range of motion	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.	5
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	1

Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; "There is 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
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.	1
Orthopedics	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 not been any treatment or conservative therapy.;	1
Orthopedics	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	He is weak with resisted hip flexion and straight leg raise bilaterally.; This study is being ordered for a neurological disorder.; Approximately 2 years; There has been treatment or conservative therapy.; Loss of balance, weakness in hip girdle strength. He has lumbar spinal stenosis by MRI.; Use of ambulatory aids to assist with balance and weakness issues.	2

Orthopedics	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	HISTORY OF PRESENT ILLNESS: Presents today with right hip and knee pain. He is noticed right groin pain off and on for the last several months. He has no history of trauma. He also notices some right knee pain.   REVIEW OF SYSTEMS: Intake form was r; 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
Orthopedics	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	1
Orthopedics	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	1

Orthopedics	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1
Other	Approval	70336 MRI TEMPROMANDIBULAR JOINT, TMJ, JAW JOINT		This is a request for a temporomandibular joint MRI.	1
Other	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
Other	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Other	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

Other	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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
Other	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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,THYROI D 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
Other	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing fatigue or malaise.	1
Other	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 has fatigue or malaise; It is unknown why this study is being ordered.	1
Other	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	1
Other	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.	1

Other	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
Other	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.; 08/02/2015; There has been treatment or conservative therapy.; Pt suffers with radiculopathy; numbness and tingling which travel down to fingers.; PT	1
Other	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
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.	2

Other	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 08/02/2015; There has been treatment or conservative therapy.; Pt suffers with radiculopathy; numbness and tingling which travel down to fingers.; PT	1
Other	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Low back pain as dx. Numbness in legs and keeping awake all night.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Other	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	4
Other	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1
Other	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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

Other	Approval	72192 CT PELVIS WITHOUT CONTRAST	Pain in abdomen. Lump/mass and swelling in trunk.; 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
Other	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Unknown	1
Other	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

Other	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
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.; Non-acute Chronic Pain; Limited range of motion	1
Other	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1
Other	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

Other	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
Other	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are 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
Other	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.;	1

Other	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
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.; This study is being requested 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
Other	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
Other	Approval	74712 Fetal MRI	This a request for a Fetal MRI.; An ultrasound of the mother been completed.; Congenital or vascular anomalies of the brain or skull has been identified or remains uncertain after an ultrasound.	1

Other	Approval	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
Other	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
Other	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	sharp stabbing pain with numbness in fingers; 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
Other	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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.	4

Other	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.; Headache , neck pain , shoulder pain in both shoulders.	1
Other	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.; Headache , neck pain , shoulder pain in both shoulders.	1
Other	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Numbness and weakness on right side; The study requested is a Lumbar Spine MRI.; Known Tumor with or without metastasis; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness on right side; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1

Other	Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	R/O bilateral rotator cuff tear or rupture; 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.; Bilateral shoulder pain, bilateral impingement with elevation, bilateral pain with rotation; X-ray	2
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 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	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

Otolaryngology	Approval	70450 CT BRAIN, HEAD	Septal deviation (bony spur right floor) present.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/5/16; There has been treatment or conservative therapy.; ; He was in the hospital last month secondary to being in A-Fib and he was started on Lasix and the hoarseness began after that.	1
Otolaryngology	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
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.	7

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"	3
Otolaryngology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is 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 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 suspicion of neoplasm, or metastasis.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"	48

Otolaryngology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/10/2014; There has been treatment or conservative therapy.; left ear pain, drainage in ear, no relief from meds. Nasal growth in right nostril. Had an audiogram done and has mild conductive hearing loss. exam done of ear, and showed canal inside is swollen. examined under a microscope.; antibiotics, allergy meds, ear drops.	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 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	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 not a new and sudden onset of one-sided ear pain not improved by pain medications.; The patient has not had a normal brain CT or MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.; This is a pre-operative evaluation for a known tumor of the middle or inner ear.	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 not a new and sudden onset of one-sided ear pain not improved by pain medications.; The patient has not had a normal brain CT or MRI.; There is not 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,M AXILLOFACIAL 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"	8

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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,M AXILLOFACIAL 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"	5
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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)	2

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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.; 1/10/2014; There has been treatment or conservative therapy.; left ear pain, drainage in ear, no relief from meds. Nasal growth in right nostril. Had an audiogram done and has mild conductive hearing loss. exam done of ear, and showed canal inside is swollen. examined under a microscope.; antibiotics, allergy meds, ear drops.	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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.; 7-12-16; There has been treatment or conservative therapy.; headache, facial pressure, drainage; antibiotics	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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.; 9/6/16; There has not been any treatment or conservative therapy.; left side nasal deviation was noted on MRI, left side mouth is pulled, lesion	1

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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.	2
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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	1

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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); The time since onset is unknown	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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)	4
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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 unknown.	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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,M AXILLOFACIAL NO CONTRAST	29 year old female presents with continued sinus infection. She has cough, clear/yellow/green drainage, headache, facial pressure, RE pain. WBC 18,000 2 weeks ago, 9,000 last week. She took Cipro times 10 days. Finished the Cipro 2 weeks ago. She has been ; This study is being 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,M AXILLOFACIAL NO CONTRAST	44 year old female presents for chronic sinus congestion. She has been treated with antibiotics such as Amoxicillin, Cephalexin and additional antibiotics with no improvement. She has used nasal sprays and Allegra, Mucinex and Benadryl with no improvement; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (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,M AXILLOFACIAL NO CONTRAST	44 year old male presents for constant sinus congestion, treatment with antibiotics 1 year ago. He was used Flonase and loratadine, zyrtec, allegra with no improvement. He has the following symptoms pain and pressure, cheek swelling, pain around the nasal; This study is being 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,M AXILLOFACIAL NO CONTRAST	50 year old female presents with chronic sinusitis, 4 infections in the past 6 months with antibiotic treatment. She has had sinus infections for several years. She has worked in a feberglass company for 2 years. Her last antibiotic was Amoxicillin 2 week; This study is being 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,M AXILLOFACIAL NO CONTRAST	54 year old female returns for 2 week follow up ETD. She reports that her ears are some better. She is using Flonase, Singulair and Zyrtec daily. She has had persistent stabbing pain at times in the right cheek, this has been evaluated by her neurologist ; This study is being 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,M AXILLOFACIAL NO CONTRAST	acute sinusitis; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); The time since onset is unknown	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	constant face pressures; snoring; nasal congestion n; This study is being 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,M AXILLOFACIAL NO CONTRAST	Dry throat, fluid in ears, heavy mouth breathing, stay stopped up and congested, and spitting up phlegm.; This study is being 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
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Facial pain, headache, nasal discharge; This study is being 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,M AXILLOFACIAL NO CONTRAST	has nasal congestion , HA, HAS BEEN ON TO ANTIBIOTICS , moderate inflammation; This study is being 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,M AXILLOFACIAL NO CONTRAST	history Polytoisis , recurrent nasal congestion , sinus headaches , frontal facial pressure; 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,M AXILLOFACIAL NO CONTRAST	in first exam patient states he has been on 5 antibiotics this year, cannot breathe out of left side nose at 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 (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	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	inferior turbinates are enlarged bilaterally.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	MRI of Head showed an abnormal bone and soft tissue filling the sphenoid sinus area. States the pattern on a previous CT suggest fibrous dysplasia. Somewhat unusual because it enhances but the stability for several years is consistent with fibrous dysplas; 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,M AXILLOFACIAL NO CONTRAST	polup; 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,M AXILLOFACIAL NO CONTRAST	polyp of paranasal sinus; 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,M AXILLOFACIAL NO CONTRAST	pt had a bad infection involving the teeth went to dentist treatment with antibiotics; 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,M AXILLOFACIAL NO CONTRAST	PT HAD A DENTAL ABSCESS THAT PROGRESSED INTO THE LEFT MAXILLAY SINUS.; 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,M AXILLOFACIAL NO CONTRAST	PT HAS CHRONIC SINUSITIS AND A HX OF A SINUS MASS; This study is being 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,M AXILLOFACIAL NO CONTRAST	right sided epistaxis; "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,M AXILLOFACIAL NO CONTRAST	She describes the symptoms as greenish drainage that is odorous, sinus congestion, pressure and pain in eyes, productive cough.  She has had the following previous treatments for this problem: sinus surgery within past 6 mo, Flonase (hasn't used in appr ; This study is being 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,M AXILLOFACIAL NO CONTRAST	SHE HAVING LOSS OF SMELL, SICK DRAINES; 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,M AXILLOFACIAL NO CONTRAST	sinus pain nose bleed pulps in her sinus; "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,M AXILLOFACIAL NO CONTRAST	SUBJECTIVE: Pt has continued to have problems with recurrent ethmoidal headaches associated with a sense of pressure and dizziness despite treatment with multiple medications including antibiotics for presumptive sinusitis as well as steroids, nasal spray; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); The time since onset is unknown	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	thick PND; 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,M AXILLOFACIAL NO CONTRAST	This study is being ordered for a known or suspected tumor.; This is a request for a Sinus CT.	14
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	This study is being ordered for follow-up to trauma.; This is a request for a Sinus CT.	2
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	This study is being ordered for post-operative evaluation.; This is a request for a Sinus CT.	1

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	This study is being ordered for pre-operative evaluation.; This is a request for a Sinus CT.	20
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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)	18
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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)	2
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.	10
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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)	163
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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)	43

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); 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,M AXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This study is being ordered for sinusitis.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; This is a request for a Sinus CT.; This is a request for a Sinus CT.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient is NOT immune-compromised.; The patient is NOT immune-compromised.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); 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,M AXILLOFACIAL 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	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST		8
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D 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.	2
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 7/5/16; There has been treatment or conservative therapy.; pressure, coughing up blood and mucus, fatigue, sore throat,; medications	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D 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.; 9/6/16; There has not been any treatment or conservative therapy.; left side nasal deviation was noted on MRI, left side mouth is pulled, lesion	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.; It is not known if there is a palpable neck mass or lump.	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.; It is not known if the ordering physician is a hematologist/ oncologist.	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Dr. Linson did a laryngoscopy on this pt and found him to have vocal cord palsy which could be caused by a mass or tumor in the neck or compressing on the vocal cord nerve which travels down the neck into the chest area.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Enter answer here - or Type In UnknoKenny Gunter is referred by Dr. Houchin.  His reason for this visit is eval R midcheek lesion and knot to L neck.  His problem has been present for several months to knot on L neck , edema to L neck for 1 wk, spot on ; 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	On examination, neck mass(es) is/are noted in 2.5 cm mobile, soft right jugulodigastric node on anterior border of SCM. 2.5 cm mobile, soft right jugulodigastric node on anterior border of SCM; 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	Procedure:Lary Flex Fiberscopy flexible scope down right side shows edema and erythema right vocal cord with small amount old blood. The patient was placed on antibiotics at this time. The patient had vocal cord cancer in 2002. Hes had xrays as well and t; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	Septal deviation (bony spur right floor) present.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/5/16; There has been treatment or conservative therapy.; ; He was in the hospital last month secondary to being in A-Fib and he was started on Lasix and the hoarseness began after that.	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Surgery on 8-24.; 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	tenderness and palpation to left of jaw; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has NOT been examined twice at least 30 days apart.	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.; It is unknown if there is 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.	3
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 study is being ordered as a pre-operative evaluation.	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 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	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.	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.	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.; 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
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.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; This is being ordered by an ENT specialist.	1
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.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is 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.; 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.	1

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.	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.; There is not a suspicion of an infection or abscess.; This is being ordered by an ENT specialist.	7
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.	89
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This patient has had neck fullness for the past 5 months and neck pain. They also use tobacco.; 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	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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

Otolaryngology

Approval

70490 CT NECK SOFT
TISSUES,LARNYX,THYROI
D 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,THYROI
D ETC. NO CONTRAST

Unilateral paralysis of larynx (J38.01). Idopathic left TVC paralysis but has history of uterine cancer.  1. CT neck and chest with contrast 2. lab today 3. FU same day as scan. 4. Swallowing precautions and risk for pneumonia discussed. May consider; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; She's been hoarse for a month. It has progressively gotten worse. She works at chicken processing plant and is concerned the chemicals may be affecting her, but her symptoms are not worse at work. Denies illness or allergy around event. Denies heartburn. ; There has been treatment or conservative therapy.; She's been hoarse for a month. It has progressively gotten worse. She works at chicken processing plant and is concerned the chemicals may be affecting her, but her symptoms are not worse at work. Denies illness or allergy around event. Denies heartburn. ; Medication Name Sig Desc Start Date Stop Date Refilled Elsewhere cyanocobalamin (vit B-12) 1,000 mcg/mL injection solution inject 1 milliliter by intramuscular route every month 07/17/2015  07/17/2015 N tramadol 50 mg tablet take 1 tablet by

1

Otolaryngology

Approval

70490 CT NECK SOFT
TISSUES,LARNYX,THYROI
D ETC. NO CONTRAST

Vocal cord paralysis, unilateral partial
478.31/J38.01; Pharyngoesophageal
dysphagia 787.24/R13.14; Globus
sensation 306.4/F45.8; needs CT of neck
and chest for newly diagnosed L VC paresis although I
suspect injury from cervical disc su; This study is being
ordered for something other than: known trauma or injury,
metastatic disease, a neurological disorder, inflammatory or
infectious disease, congenital anomaly, or vascular disease.;
Approx May 21,2016; There has not been any treatment or
conservative therapy.; His reason for this visit is evaluation
of throat. His problem has been present for 2
months. He describes the problem as moderate in
severity. He describes the symptoms as difficulty
swallowing, hoarse, globus. He has had the
following previous t

1

Otolaryngology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	34 yo female referred for right pulsatile tinnitus. She reports tinnitus started 1 month ago. It is constant. It sounds like a hum. It improves with ipsilateral IJ compression. She denies otorrhagia, autophony, Tullio, facial nerve dysfunction, hypertensi; This study is being ordered 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.; right pulsatile tinnitus 1 month ago that is constant. A constant hum in her right ear that improves with ipsilateral IJ compression.; Patient was placed on Diamox capsules 500mg to take 1 pill po Qd and will increase to (2) po Qd after one week if no improvement.	1
Otolaryngology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the brain.	2

Otolaryngology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	34 yo female referred for right pulsatile tinnitus. She reports tinnitus started 1 month ago. It is constant. It sounds like a hum. It improves with ipsilateral IJ compression. She denies otorrhagia, autophony, Tullio, facial nerve dysfunction, hypertensi; This study is being ordered 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.; right pulsatile tinnitus 1 month ago that is constant. A constant hum in her right ear that improves with ipsilateral IJ compression.; Patient was placed on Diamox capsules 500mg to take 1 pill po Qd and will increasase to (2) po Qd after one week if no improvement.	1
Otolaryngology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the Neck.	1
Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE		2
Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metatstasis	4
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	3

Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< 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
Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	It is unknown if there is a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	1
Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is a suspicion of an infection or abscess.; This is a request for 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	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/2016; There has not been any treatment or conservative therapy.; Dizziness intermittent, ringing of the ears, heart beat sounds intermittent, difficulty hearing in left ear	1
Otolaryngology	Approval	70544 Mr angiography head w/o dye	n.a; This study is being ordered for a neurological disorder.; 2/2016; It is not known if there has been any treatment or conservative therapy.; n./a	1

Otolaryngology	Approval	70544 Mr angiography head w/o dye	Pulsatile tinnitus -venous in origin and probable IIH.; This study is being ordered for a neurological disorder.; 7-27-2016; There has been treatment or conservative therapy.; Patient complains of hearing loss and hearing his heartbeat in his right ear x 1 full month. It is venous pulsatile in nature and intermittent. It improves with ipsilateral verous compression and neck turning.; Patient was placed on:~x0D; Diamox 250Mg and will increase conservatively. Patient was already on HCTC which she will continue to take. We will consider Neurology referral in the near future.	1
Otolaryngology	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Otolaryngology	Approval	70547 Mr angiography neck w/o dye	Pulsatile tinnitus -venous in origin and probable IIH.; This study is being ordered for a neurological disorder.; 7-27-2016; There has been treatment or conservative therapy.; Patient complains of hearing loss and hearing his heartbeat in his right ear x 1 full month. It is venous pulsatile in nature and intermittent. It improves with ipsilateral verous compression and neck turning.; Patient was placed on:~x0D; Diamox 250Mg and will increase conservatively. Patient was already on HCTC which she will continue to take. We will consider Neurology referral in the near future.	1
Otolaryngology	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

Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		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 being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	2
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< 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

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 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.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	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 condition is not associated with headache, blurred or 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.	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	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; april 2016; There has been treatment or conservative therapy.; headache/ fatigue/numbness/weakness; medication	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	. patient has had positional vertigo for about 3 months. She does have ringing in the right ear. She tested negative for BBPV. We are trying to rule out a tumor, mass and multiple sclerosis.; 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; 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	; This 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.; 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

Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing 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 not associated with headache, blurred or 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
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.	11

Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	34 yo female referred for right pulsatile tinnitus. She reports tinnitus started 1 month ago. It is constant. It sounds like a hum. It improves with ipsilateral IJ compression. She denies otorrhagia, autophony, Tullio, facial nerve dysfunction, hypertensi; This study is being ordered 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.; right pulsatile tinnitus 1 month ago that is constant. A constant hum in her right ear that improves with ipsilateral IJ compression.; Patient was placed on Diamox capsules 500mg to take 1 pill po Qd and will increasase to (2) po Qd after one week if no improvement.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	for unilateral tinnitus. Trying to rule out 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

Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	history of trauma to the right side of head, vomiting, dizziness, vertigo; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	n.a; This study is being ordered for a neurological disorder.; 2/2016; It is not known if there has been any treatment or conservative therapy.; n./a	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	No info given.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; This has been happening for a year and it has gotten worst in the past 6months.; There has not been any treatment or conservative therapy.; Patient Hearing loss and choric sinusitis. Patient is having syncope. Choric facial pressure and pain.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has new onset of vertigo for the last 2 months and has failed medical therapy.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient is 65 y/o WF with known right acoustic neuroma, and hearing loss.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	PT HAS HAD PAROSMIA FOR OVER A YEAR/ CT HEAD NORMAL WOULD LIKE TO EVALUATE OLFACATORY NERVE; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	PT REPORTS SUFFERED A SEVERE RESPIRATORY INFECTION 4/2015, EVER SINCE THAT TIME HAS NOTED A ROTTEN SMELL IN HER NOSE. IN ADDITION NOTES CANNOT SMELL ODORS THAT OTHERS PERCEIVE AS BAD. HAS ALSO NOTED DECLINE IN TASTE SINCE LAST AUGUST AS WELL, HAD CT SIN; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if a metabolic work up was done including urinalysis, electrolytes and complete blood count with results completed.; The patient is experiencing loss of smell.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pulsatile tinnitus -venous in origin and probable IIH.; This study is being ordered for a neurological disorder.; 7-27-2016; There has been treatment or conservative therapy.; Patient complains of hearing loss and hearing his heartbeat in his right ear x 1 full month. It is venous pulsatile in nature and intermittent. It improves with ipsilateral verous compression and neck turning.; Patient was placed on: Diamox 250Mg and will increase conservatively. Patient was already on HCTC which she will continue to take. We will consider Neurology referral in the near future.	1

Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	She describes the symptoms as aspirates, choking, R vocal cord paralyzed, dysphagia, weight loss. Also states her sense of taste has been distorted for past 6 mo. Pt states she also is having GERD symptoms and is currently not on any Rx. She has had the f; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a loss of smell.; It is unknown why this study is being ordered.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	sudden hearing loss in one ear; 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 pituitary appears to penetrate the posterior sphenoid sinus wall. We will get an mri of the head to evaluate the pituitary process.  the pt will referred to UAMS for evaluation and tx of the thyroid process; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; 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	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	47
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.	5

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.	2
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 is experiencing vertigo	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.; 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

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.	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 presenting with a sudden change in severity, associated with exertion, or a mental status change.	11
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	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 patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	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.	12
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 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 planned within the next 4 weeks.; The patient has a congenital abnormality.	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 patient has undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; The patient has a congenital abnormality.	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.	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 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
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.	5
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.	2

Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	vertigo, hearing loss, pain around right ear,; This request is for a Brain MRI; The study is 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
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Vertigo; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.	1
Otolaryngology	Approval	71250 CT CHEST, THORAX		4

Otolaryngology	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.; a month ago; There has not been any treatment or conservative therapy.; dysphonia / peralized vocal cord	1
Otolaryngology	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
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.; It is not known if the ordering physician is a hematologist/ oncologist.	1
Otolaryngology	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	1
Otolaryngology	Approval	71250 CT CHEST, THORAX	Dr. Linson did a laryngoscopy on this pt and found him to have vocal cord palsy which could be caused by a mass or tumor in the neck or compressing on the vocal cord nerve which travels down the neck into the chest area.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Otolaryngology	Approval	71250 CT CHEST, THORAX	Procedure:Lary Flex Fiberscopy flexible scope down right side shows edema and erythema right vocal cord with small amount old blood. The patient was placed on antibiotics at this time. The patient had vocal cord cancer in 2002. Hes had xrays as well and t; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 unexplained left vocal cord paralysis; A Chest/Thorax 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	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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
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

Unilateral paralysis of larynx (J38.01). Idopathic left TVC paralysis but has history of uterine cancer.  1. CT neck and chest with contrast 2. lab today 3. FU same day as scan. 4. Swallowing precautions and risk for pneumonia discussed. May consider; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; She's been hoarse for a month. It has progressively gotten worse. She works at chicken processing plant and is concerned the chemicals may be affecting her, but her symptoms are not worse at work. Denies illness or allergy around event. Denies heartburn. ; There has been treatment or conservative therapy.; She's been hoarse for a month. It has progressively gotten worse. She works at chicken processing plant and is concerned the chemicals may be affecting her, but her symptoms are not worse at work. Denies illness or allergy around event. Denies heartburn. ; Medication Name Sig Desc Start Date Stop Date Refilled Elsewhere cyanocobalamin (vit B-12) 1,000 mcg/mL injection solution inject 1 milliliter by intramuscular route every month 07/17/2015  07/17/2015 N tramadol 50 mg tablet take 1 tablet by

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.	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 has Thyroid cancer.; This would be the first PET Scan 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 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	78813 PET IMAGING 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.	1

Otolaryngology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY			2
Otolaryngology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.	6
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 Soft Tissue Sarcoma, Pancreatic or Testicular 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.; It is unknown if the patient completed a course of treatment initiated in the last 8 weeks or are experiencing new signs or symptoms.; The patient does NOT have Thyroid or Brain cancer.	1
Otolaryngology	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

Otolaryngology	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.; 7-12-16; There has been treatment or conservative therapy.; headache, facial pressure, drainage; antibiotics	1
Otolaryngology	Disapproval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; antibiotics	1
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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.; < 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 >; antibiotics	1
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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 unknown.	1

Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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 unknown.	1
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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.	2
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	No info given.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; This has been happening for a year and it has gotten worst in the past 6months.; There has not been any treatment or conservative therapy.; Patient Hearing loss and choric sinusitis. Patient is having syncope. Choric facial pressure and pain.	1

Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	PT HAS CHRONIC SINUSITIS WITH SYMPTOMS X12 PLUS ALSO SEEN ON INCIDENTLY MRI OF BRAIN NEEDS CT SINUS TO EVALUATE FURTHER; This study is being 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,M AXILLOFACIAL 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 Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	1
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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)	2
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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	Tonsils are enlarged and struggle with tonsil stones. Since January she has had three infections but prior to that no problems. Constant sinus infections 7-8 year and she has already had 4 this year. Sinus pressure in face around maxillary area. She has h; This study is being 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	70490 CT NECK SOFT TISSUES,LARYNX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary		1
Otolaryngology	Disapproval	70490 CT NECK SOFT TISSUES,LARYNX,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
Otolaryngology	Disapproval	70496 CT ANGIOGRAPHY HEAD 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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/2016; There has not been any treatment or conservative therapy.; Dizziness intermittent, ringing of the ears, heart beat sounds intermittent, difficulty hearing in left ear	1
Otolaryngology	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

Otolaryngology	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
Otolaryngology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary		1
Otolaryngology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	2
Otolaryngology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	1
Otolaryngology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has 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
Otolaryngology	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
Otolaryngology	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.; 7/5/16; There has been treatment or conservative therapy.; pressure, coughing up blood and mucus, fatigue, sore throat,; medications	1

Otolaryngology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	dry cough for 4 months with wheeze; A Chest/Thorax 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	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Septal deviation (bony spur right floor) present.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/5/16; There has been treatment or conservative therapy.; ; He was in the hospital last month secondary to being in A-Fib and he was started on Lasix and the hoarseness began after that.	1
Otolaryngology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Vocal cord paralysis, unilateral partial 478.31/J38.01  Pharyngoesophageal dysphagia 787.24/R13.14  Globus sensation 306.4/F45.8  needs CT of neck and chest for newly diagnosed L VC paresis although I suspect injury from cervical disc su; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Approx May 21,2016; There has not been any treatment or conservative therapy.; His reason for this visit is evaluation of throat.  His problem has been present for 2 months.  He describes the problem as moderate in severity.  He describes the symptoms as difficulty swallowing, hoarse, globus.  He has had the following previous t	1

Otolaryngology	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.; april 2016; There has been treatment or conservative therapy.; headache/ fatigue/numbness/weakness; medication	1
Otolaryngology	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.; 2/2016; It is not known if there has been any treatment or conservative therapy.; n./a	1
Otolaryngology	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.; april 2016; There has been treatment or conservative therapy.; headache/ fatigue/numbness/weakness; medication	1
Otolaryngology	Disapproval	72159 MRA, MRI ANGIOGRAPHY SPINAL CANAL & CONTENTS WITH / WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	n.a; This study is being ordered for a neurological disorder.; 2/2016; It is not known if there has been any treatment or conservative therapy.; n./a	1
Otolaryngology	Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary		1

Pediatric 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; 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
Pediatric Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Will fax in; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Pediatric 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
Pediatric Oncology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Will fax in; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Pediatric Oncology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Will fax in; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Pediatric Oncology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Will fax in; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Pediatric Oncology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	4
Pediatric Oncology	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 5 or more exams are being ordered.	4
Pediatric Oncology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering 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
Pediatric Oncology	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 metastatic disease.; There are 5 or more exams are being ordered.	2
Pediatrics	Approval	70450 CT BRAIN, HEAD		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 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	; 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	fell with an injury to the head. initial encounter for a closed fracture. looking for fracture on the left skull immediately posterior to the left ear.; 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	Patient is vomiting since yesterday when the headache started. 9/26/16. It is a continual 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

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.	2
Pediatrics	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
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.	4
Pediatrics	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is not a suspected or known brain tumor.; The patient currently has cancer.; There is a recurrence or metastasis.; This study is being requested for known or suspected brain tumor, mass or cancer.	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	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

Pediatrics	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is 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
Pediatrics	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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
Pediatrics	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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
Pediatrics	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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
Pediatrics	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	2

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.; Restaging 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.; 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.; Restaging 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 not been established.; 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	< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 not been any treatment or conservative therapy.; abnormal eye movement,	1
Pediatrics	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.; 9/9/2016; There has not been any treatment or conservative therapy.; abnormal eye movement,	1
Pediatrics	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

Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if the headache is described as a “thunderclap” or the worst headache of the patient’s life.	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	2

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.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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 not been any treatment or conservative therapy.; abnormal eye movement,	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	3 MONTH POST TREATMENT FOLLOW UP IN MEMBER WITH MULTIFOCAL MIXED GERM CELL TUMOR OF THE CENTRAL NERVOUS SYSTEM.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	FOLLOW UP OFF THERAPY EVALUTION; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	hx of brain 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.; < 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
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	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.	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 presenting with a sudden change in severity, associated with exertion, or a mental status change.	6

Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	2
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested 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
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.	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.	3
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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.	3
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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.	3

Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	4
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.	3
Pediatrics	Approval	71250 CT CHEST, THORAX	"The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is no radiologic evidence of mediastinal widening.; MRI of right shoulder noted possible dialation of the aorta; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.	1
Pediatrics	Approval	71250 CT CHEST, THORAX	CT of CHEST, ABDOMEN and PELVIS TO LOOK FOR OTHER 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.; unknown; There has been treatment or conservative therapy.; pain in abdomen, chronic fatigue; IVIG INFUSION TREATMENTS	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.	4

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.; Restaging 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.; 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	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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

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 not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Pediatrics	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	MRI OF SHOULDER SHOWED POSSIBLE DILATEATION OF ASCENDING AEORTA, RADIOLOGIST RECOMMENDS FOLLOW UP STUDY; 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
Pediatrics	Approval	71550 MRI CHEST	This study is being ordered for a known tumor.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; This is a request for a chest MRI.	1
Pediatrics	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.; 1 year ago; There has been treatment or conservative therapy.; muscle weakness; physical therapy and steroids	1

Pediatrics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	3 MONTH POST TREATMENT FOLLOW UP IN MEMBER WITH MULTIFOCAL MIXED GERM CELL TUMOR OF THE CENTRAL NERVOUS SYSTEM.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Pediatrics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	FOLLOW UP OFF THERAPY EVALUTION; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Pediatrics	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.; pain	1
Pediatrics	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.; 1 year ago; There has been treatment or conservative therapy.; muscle weakness; physical therapy and steroids	1
Pediatrics	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.; 09/22/2016; There has been treatment or conservative therapy.; back pain; meds	1

Pediatrics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	3 MONTH POST TREATMENT FOLLOW UP IN MEMBER WITH MULTIFOCAL MIXED GERM CELL TUMOR OF THE CENTRAL NERVOUS SYSTEM.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Pediatrics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	FOLLOW UP OFF THERAPY EVALUTION; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Pediatrics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	FURTHER 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.; 1/27/2016; There has been treatment or conservative therapy.; RADIATING PAIN IN HER RIGHT HIP AND LEG, LOW BACK PAIN, BILATERAL ARM NUMBNESS, BREATHLESSNESS WITH VISUAL CHANGES AND DIZZINESS.; 6 WEEKS OF REST, MELOXICAM, INJECTIONS, PHYSICAL THERAPY, PERSONAL TRAINER	1
Pediatrics	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
Pediatrics	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.; 1 year ago; There has been treatment or conservative therapy.; muscle weakness; physical therapy and steroids	1

Pediatrics	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.; 09/22/2016; There has been treatment or conservative therapy.; back pain; meds	1
Pediatrics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	3 MONTH POST TREATMENT FOLLOW UP IN MEMBER WITH MULTIFOCAL MIXED GERM CELL TUMOR OF THE CENTRAL NERVOUS SYSTEM.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Pediatrics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	FOLLOW UP OFF THERAPY EVALUTION; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Pediatrics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Persistent, 2 year history of low back pain following a football injury.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
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	5
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)	4

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.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Pediatrics	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
Pediatrics	Approval	72192 CT PELVIS 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
Pediatrics	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.; 09/22/2016; There has been treatment or conservative therapy.; back pain; meds	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.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Pediatrics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; shoulder injury 1 month ago, pain increasing, prior Hx shoulder surgery	1
Pediatrics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Abnormal x-ray requires further imaging	1
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is 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.; both ankles are having issues; This is a request for a bilateral ankle MRI.	2

Pediatrics	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
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 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
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	2

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.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	5
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	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.; 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
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is 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

Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is 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	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 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

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 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
Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	CT of CHEST, ABDOMEN and PELVIS TO LOOK FOR OTHER 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.; unknown; There has been treatment or conservative therapy.; pain in abdomen, chronic fatigue; IVIG INFUSION TREATMENTS	1
Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	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.	2
Pediatrics	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
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 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
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; <Enter Additional Clinical Information>	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	6

Pediatrics	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
Pediatrics	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
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.	2
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

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.; Restaging 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 not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Pediatrics	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
Pediatrics	Approval	74712 Fetal MRI	This a request for a Fetal MRI.; An ultrasound of the mother been completed.; Congenital or vascular anomalies of the brain or skull has been identified or remains uncertain after an ultrasound.	1
Pediatrics	Approval	74712 Fetal MRI	This a request for a Fetal MRI.; An ultrasound of the mother been completed.; None of the above has been identified or remains uncertain after an ultrasound.	1

Pediatrics	Approval	75557 Cardiac MRI Morph & structure w/o contrast		This is a request for a heart or cardiac MRI	4
Pediatrics	Approval	75573 CT Heart Congenital Study		This is a request for Heart CT Congenital Studies.	1
Pediatrics	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY			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	< 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	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	3 WEEKS; 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	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Skin testing today showed sensitivity to Tree Pollen, Grass Pollen, Weed Pollen. She is sensitized to seasonal allergens but she has perennial 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.; She has had AR since childhood. She has year round symptoms of nasal congestion and sinus fullness. Maxillary area.; There has been treatment or conservative therapy.; Nasal congestion and sinus fullness. She will have contact reactions when working in the yard. She will have nasal congestion year round. Little PND and little rhinorrhea. She will have difficulty catching her breath while exercising.; Patient is currently taking cetirizine, nasacort, albuterol	2

Pediatrics	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	hx of brain 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.; < 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
Pediatrics	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	FURTHER 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.; 1/27/2016; There has been treatment or conservative therapy.; RADIATING PAIN IN HER RIGHT HIP AND LEG, LOW BACK PAIN, BILATERAL ARM NUMBNESS, BREATHLESSNESS WITH VISUAL CHANGES AND DIZZINESS.; 6 WEEKS OF REST, MELOXICAM, INJECTIONS, PHYSICAL THERAPY, PERSONAL TRAINER	1
Pediatrics	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM 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.; January 2012 migraines; There has been treatment or conservative therapy.; non retractable headaches, neck pain; medication, preventative medication, physical therapy for neck	1

Pediatrics	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	Abnormal xray results and treatment failure.; This study is being ordered for trauma or injury.; 9/1/2016; There has been treatment or conservative therapy.; Radiculopathy down her legs, extreme back pain, sever muscle spasms, decreased range of motion.; Rest, medication, hot/cold compresses.	1
Pediatrics	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	Abnormal xray results and treatment failure.; This study is being ordered for trauma or injury.; 9/1/2016; There has been treatment or conservative therapy.; Radiculopathy down her legs, extreme back pain, sever muscle spasms, decreased range of motion.; Rest, medication, hot/cold compresses.	1
Pediatrics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	FURTHER 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.; 1/27/2016; There has been treatment or conservative therapy.; RADIATING PAIN IN HER RIGHT HIP AND LEG, LOW BACK PAIN, BILATERAL ARM NUMBNESS, BREATHLESSNESS WITH VISUAL CHANGES AND DIZZINESS.; 6 WEEKS OF REST, MELOXICAM,INJECTIONS, PHYSICAL THERAPY, PERSONAL TRAINER	1
Pediatrics	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.; January 2012 migraines; There has been treatment or conservative therapy.; non retractable headaches, neck pain; medication, preventative medication, physical therapy for neck	1

Pediatrics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/12/2016; There has not been any treatment or conservative therapy.; Back pain	1
Pediatrics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 03/06/2016; There has not been any treatment or conservative therapy.; back pain, first visit 07/22/2016, struck by a car	1
Pediatrics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 3/6/2016; There has not been any treatment or conservative therapy.; pain that radiates to the right and left foot and got hit by a car while walking	1
Pediatrics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is unable to sit,walk,bend or move; This study is being ordered for trauma or injury.; 8-29-16; There has been treatment or conservative therapy.; Intense pain and loss of range of motion; Anti inflammatory and range of motion exercises, rest	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	2

Pediatrics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/12/2016; There has not been any treatment or conservative therapy.; Back pain	1
Pediatrics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 03/06/2016; There has not been any treatment or conservative therapy.; back pain, first visit 07/22/2016, struck by a car	1
Pediatrics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 3/6/2016; There has not been any treatment or conservative therapy.; pain that radiates to the right and left foot and got hit by a car while walking	1
Pediatrics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; The patient 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	Patient is unable to sit,walk,bend or move; This study is being ordered for trauma or injury.; 8-29-16; There has been treatment or conservative therapy.; Intense pain and loss of range of motion; Anti inflammatory and range of motion exercises, rest	1

Pediatrics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	significant pain for over a month. No relief with rest and NSAIDS. Pt feels a popping sensation when she walks. Her hip is sore to the touch. developed a limp.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/09/2016; its been over a month with continuous pain.; There has been treatment or conservative therapy.; pain, limp, gait not improving; rest and NSAIDS have been given for current treatment. physical therapy was mentioned but wanting to wait on MRI due to significant pain.	1
Pediatrics	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	significant pain for over a month. No relief with rest and NSAIDS. Pt feels a popping sensation when she walks. Her hip is sore to the touch. developed a limp.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/09/2016; its been over a month with continuous pain.; There has been treatment or conservative therapy.; pain, limp, gait not improving; rest and NSAIDS have been given for current treatment. physical therapy was mentioned but wanting to wait on MRI due to significant pain.	1

Pediatrics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; pain with range of motion in: left shoulder abduction and external rotation;Shoulder pain noted. He complains of left shoulder pain. The pain initially started 3 weeks ago. The apparent precipitating event was lifting. Discomfort increases with abduct	1
Pediatrics	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 Congenital Anomaly.; a week ago; There has not been any treatment or conservative therapy.; stress limp	2
Pediatrics	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 Congenital Anomaly.; a week ago; There has not been any treatment or conservative therapy.; stress limp	2
Pediatrics	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/22/2016; There has been treatment or conservative therapy.; back pain; meds	2

Pediatrics	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Pediatrics	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Assessment of Patient with acute abdominal pain with persistent N/V.	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.; 1 PET Scans has already been performed on this patient for this cancer.	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 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.; It is unknown if the patient had a negative whole body I-131 scan.	1
Physical 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
Physical Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	2
Physical Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Locking; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Plastic 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.	1

Plastic Surgery	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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
Plastic Surgery	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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.	2
Plastic Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D 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.; several years; There has not been any treatment or conservative therapy.; mass 27 cm x 22 cm on upper back and neck	1
Plastic Surgery	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.; several years; There has not been any treatment or conservative therapy.; mass 27 cm x 22 cm on upper back and neck	1

Plastic 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 a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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
Plastic 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
Plastic Surgery	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	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	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.; It is not known if there are new symptoms including hematuria.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.	1

Plastic Surgery	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 not a hematologist/ oncologist.	1
Plastic 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.; 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
Plastic Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Pt has a mother with breast cancer at 32, grandmother at 50. Lifetime risk is 39.3%; 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
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 suspected implant rupture.; Yes,this study is being ordered to evaluate a suspected silicone implant rupture.	1

Plastic Surgery	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 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
Podiatry	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1
Podiatry	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1
Podiatry	Approval	73700 CT LEG OR LOWER EXTREMITY		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 10/6/2015; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; injections	2
Podiatry	Approval	73700 CT LEG OR LOWER EXTREMITY		This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	2

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.	1
Podiatry	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	2
Podiatry	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.	1

Podiatry	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; patient has masses on both feet	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; further evaluate the soft tissue structures, as well as the degenerative changes present in the joint and possible bone	2

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; pain in both feet	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.; Surgery is not planned for within 30 days.; The study is being ordered for a pre op.; This study is NOT being ordered for assessment of a known fracture fragment.	1
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.; 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	< 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 injury is 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 trauma or injury.; April 2016; There has been treatment or conservative therapy.; Pain, swelling, from.; immobilization, cast, wrappings, rest, anti inflammatory meds.	2
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.; It is unknown if surgery, fine needle aspirate or a biopsy is planned in the next 30 days.; This study is NOT being ordered for evaluation of Morton's Neuroma.; A biopsy has NOT been completed.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; 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	fell in a hole in June 2016 and still having troubles since then.; This study is being ordered for trauma or injury.; unknown; There has not been any treatment or conservative therapy.; pain in foot and ankle.	1

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	none given; This study is being ordered for trauma or injury.; 07/04/2016; There has been treatment or conservative therapy.; sharp, burning pain, unable to walk without boot, ankle pain, foot pain; steroids, boot	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Pain and bone mass.; 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 NOT had foot pain for over 4 weeks.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	pain and swelling and foot ran over by a car; It is not known if the patient has 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
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Pain; This study is being ordered for trauma or injury.; x 1 Year.; It is not known if there has been any treatment or conservative therapy.; pain is worse when bearing weight, Popping and soreness on top of ankle.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a new patient; this is for further evaluation of the foot pain; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for neuroma.; The patient has had foot pain for over 4 weeks.; No treatments are underway or completed.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.	4

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	11
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient 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 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
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.	5

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.	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 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.	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 not been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "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
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.	6

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

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
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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 does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	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 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.	6
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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 does not have an abnormal plain film study of the foot other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has 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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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.	3
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; Surgery is planned for within 30 days.; The study is being ordered for a pre op.	1
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.; It is unknown if this study is 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 foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a walking cast for at least 6 weeks.	1
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 neuroma.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a walking cast for at least 6 weeks.	1

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 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
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 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.	19
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.	2

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

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 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 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.	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 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.	17

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 a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is 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.	2

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

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient has a documented limitation of their range of motion.; This study is being ordered by the operating surgeon for pre-operative planning.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has 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.	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 used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.	1
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 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
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; The member has a recent injury.; The study is requested for a reason other than ankle pain.	1

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		This is a request for an Ankle MRI.; The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.; The study is requested for a reason other than ankle pain.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		ulcer in 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.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		Xray shows destruction of bone. swollen toe; 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
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 a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; Foot pain x several years and tried conservative treatment without any long term relief	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 a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; patient has neuroma 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 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 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
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	fell in a hole in June 2016 and still having troubles since then.; This study is being ordered for trauma or injury.; unknown; There has not been any treatment or conservative therapy.; pain in foot and ankle.	1
Podiatry	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.; x 1 Year.; It is not known if there has been any treatment or conservative therapy.; pain is worse when bearing weight, Popping and soreness on top of ankle.	1
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; "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	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
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.; 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.	1

Psychiatry	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
Psychiatry	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Degeneration of the 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

Psychiatry	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
Psychiatry	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
Psychiatry	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		1
Psychiatry	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
Pulmonary Medicine	Approval	70450 CT BRAIN, HEAD		1

Pulmonary Medicine	Approval	70450 CT BRAIN, HEAD	None.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is not described as a “thunderclap” or the worst headache of the patient’s life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Pulmonary Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Family history of lung disease; This study is being ordered for Inflammatory/ Infectious Disease.; 08/12/2016; There has been treatment or conservative therapy.; Coughing, wheezing, chest congestion; Antibiotics, inhalers	1
Pulmonary Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.	1
Pulmonary Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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
Pulmonary 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.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; Hemoptis	1

Pulmonary Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; This is a request for neck soft tissue CT.; The patient has NOT been diagnosed with cancer.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was done.	1
Pulmonary Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.	1
Pulmonary Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	3
Pulmonary Medicine	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE		1
Pulmonary 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
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		77
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.	76
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.	43
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.	5
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.	1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 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.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 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	< Enter answer here - or Type In Unknown If No Info Given. >; The patient has NOT had a chest x-ray recently.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.	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.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; Hemoptis	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.; 2 yrs ago; There has been treatment or conservative therapy.; COPd; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >;	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.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	3

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 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	1.3 cm lower lobe Nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	2 abnormal cxr in less than 3 months; 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	2 month follow up; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	4/12/2016 LUNG NODULE 7.4MM INSIDE RECOMMEND ANOTHER CT IS DONE; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	4MM NON CLASSIFIED SUBPLEURAL PULMONARY NODULE IN THE RIGHT LOWER LOBE. LAST CHEST CT WAS 03/16/2016.; A Chest/Thorax 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	6 month follow up for 8mm nodule patient had 6 months ago; A Chest/Thorax 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	6 month follow up for lung nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	6 month follow up for stability, had ct done in December 2015, Calcified granuloma seen in right lower lobe,; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	A 9mm by 13 mm mildly spiculated left upper lobe apicoposterior segment lung mass is seen suspicious for neoplasm/malignancy due to spiculated borders. History of tobacco abuse.; "There is NO evidence of a lung, mediastinal or chest mass 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	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	58

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.	4
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.	5
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.	5
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	ABN AB/PEL 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

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	abnormal chest xray, pearl thickening.; A Chest/Thorax 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	ABNORMAL CHEST X-RAY,INCREASED INTERSTITIAL MARKINGS BILATERALLY,CT TO EVALUATE ABNORMAL FINDINGS ON X-RAY.LOOKING FOR EVIDENCE OF INTERSTITIAL LUND DISEASE,SOB,INFILTRATES,CHEST PAIN,DYSPEPSIA; 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	Approval	71250 CT CHEST, THORAX	Assessment: Groundglass opacities-differential diagnosis is broad and includes smaller airways disease such as asthma but could also represent bronchiolitis obliterans or even cryptogenic organizing pneumonia. Pulmonary edema seems less likely. Infecti; 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	Approval	71250 CT CHEST, THORAX	bullous lesion in anterior aspect left upper lobe; calcified pretracheal lymph nodes with previous granulomatous disease; "There is NO evidence of a lung, mediastinal or chest mass 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	CHEST CT PERFORMED ON 03/17/2016 SHOWED A 9.9 MM NON CLASSIC LOWER LOBE 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	CHEST CT PERFORMED ON 06/21/2016 A NEW ILL 9 MM NODULE DENSITY SEEN IN THE RIGHT LOWER LOBER. SIZE HAS INCREASED. WAS A 5MM.; A Chest/Thorax 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	Chest pain ;; 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	Chest pain unspecified COPD Cough Unspecified asthma; A Chest/Thorax 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	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
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Chronic obstructive pulmonary disease, unspecified 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	copd, shortness of breath, sleep apnea;; 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	CT Chest 6/30/2016: Limited CT chest (Part of Cardiac Calcium Scoring CT scan); 1.5x1.0 cm soft tissue density nodular focus in the far lateral left lower lobe seen on image #27.CT Chest 6/30/2016: Limited CT chest (Part of Cardiac Calcium Scoring CT sc; "There is NO evidence of a lung, mediastinal or chest mass 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	CT CHEST: 12/22/15. Diffuse emphysema of the lungs with scarring and focal atelectasis at the right lung apex. A focus of pneumonia cannot be excluded. There is evidence of old granulomatous 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

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	cta in june 2016 showed 3.3 cm 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
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Dyspnea; Patient notes that he has been to the ER multiple times with 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	Emphysema. Multiple noncalcified nodules identified throughout both lungs. Old granulomatous disease.The remainder of the noncalcified pulmonary nodules were not included on the prior study. Findings are most likely secondary to noncalcified granulomas ; 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	Family history of lung disease; This study is being ordered for Inflammatory/ Infectious Disease.; 08/12/2016; There has been treatment or conservative therapy.; Coughing, wheezing, chest congestion; Antibiotics, inhalers	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	follow up evaluation of a nodule with previous CT; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	follow up exam. chest CT showed nodular density, severe chronic lung changes, 3 month follow up 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
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	follow up of lung nodule measuring 7-8mm in the right 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
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	follow up of right lower lobe lung nodule measuring 4mm and subpleural nodule in the right lower lobe measuring 4mm.; A Chest/Thorax 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 to 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	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.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Has a 5.5 pulmonary nodule this is a 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.	1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	He has a history of asbestos exposure. CT from May revealed calcified pleural plaques and multiple calcifications throughout both lungs. PFTs from January revealed an FEV1 of 1.27 or 35% of predicted, ratio 42% and DLCO of 76.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6-21-2016  He has a history of asbestos exposure. CT from May revealed calcified pleural plaques and multiple calcifications throughout both lungs. PFTs from January revealed an FEV1 of 1.27 or 35% of predicted, ratio 42% and DLCO of 76. I saw him in Jan; There has been treatment or conservative therapy.; ; He has been faithful with Advair one puff twice a day and Spiriva daily. He uses albuterol 3-4 times daily. He tried NAC but states it did not help. He uses 2 L of oxygen at night	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	HISTORY: Christina is a 30-year-old female patient of Dr. Antoon with multiple lung nodules who returns for followup. Duration of lung nodules is unknown. She has been on immunosuppression in the past for psoriasis and had recent travel to southwestern; "There is NO evidence of a lung, mediastinal or chest mass 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.	6

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Lung Nodules  Study was performed 08/20/2015. Type of study: CT chest. Associated symptoms include cough. Pertinent negatives include fever. Additional information: sub cm lung nodules  5 and 3 mm nodule rt lung unchanged from 12/4/14 3 mm nodule left; "There is NO evidence of a lung, mediastinal or chest mass 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	mass in 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
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	MEDIASTINAL ADENOPATHY,PRECARINAL LYMPH NODE 1 CM,INCREASED IN SIZE RIGHT HILAR ADENOPATHY,SUBCARINAL ADENOPATHY,CT TO RE EVALUATE; "There is NO evidence of a lung, mediastinal or chest mass 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	MEDIASTINAL ADENOPATHY,PULMONARY FIBROSIS,ASTHMA,BILATERAL INFILTRATES,MILD BRONCHIAL DILATION,PROBABLE LEFT ADRENAL GLAND ADENOMA,RIGHT PARATRACHEAL AND SUBCARINAL NODES,HEAVY CORONARY ATHEROSCLEROSIS,PROMINENT PERIPANCREATIC NODE WITH THE UPPER ABD MEAS; "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	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	Nodule located in right lobe of lung, pt has chronic cough, not responsive to therapy.; "There is NO evidence of a lung, mediastinal or chest mass 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; "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	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	Obese male, SOB, chest pain, X-rays shows suspected enlarged heart, suspected early vascular congestion; 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	patient has 5 mm noncalcified nodule in te left lower lobe and and a 3mm nodule in the left lower lobe as well. Radiologist recommeded a 6 month follow up from the ct done 2/27/2016.Patient is a former smoker of 10 years one pack per day.; A Chest/Thorax 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	patient has a 9mm nodule in the rul and a 5mm nodule in the right 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
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Possibility of bronchomalacia or tracheomalacia due to the patient's occasional symptoms of stridor; A Chest/Thorax 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 had a CT in March 2016 he has a lung mass; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	pt has a productive 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 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
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	PT PRESENT FOR CONSULTATION FOR SHORTNESS OF BREATH. CHEST X-RAY SHOWS RIGHT SUPRA HILAR MASS IN A PATIENT WHO IS AN EX SMOKER AND WHO WAS A HEAVY SMOKER PRIOR TO CESSASATION.; "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	Pt with a known pulmonary nodule. This will be a 1 year follow up to check for 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
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	pt with chronic cough, dyspnea, shortness of breath, and dizziness. This is affecting patients ability to talk, and causing him to have severe headaches.; A Chest/Thorax 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 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.	2

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.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	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.	3

Pulmonary Medicine	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST		1
Pulmonary Medicine	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Duration of Symptoms: Start: 06/09/2016  Physical Exam Findings: pt complaint of chest pain Preliminary Procedures X-rays  Already Completed: Procedure Date: 06/09/2016; Abnormal Current chest x-ray today shows ill-defined density in the ri; 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
Pulmonary Medicine	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	F/U PE; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1
Pulmonary Medicine	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	8
Pulmonary Medicine	Approval	71550 MRI CHEST		1
Pulmonary Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		1
Pulmonary Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.	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.; 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
Pulmonary 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.";	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 had an abdominal ultrasound, CT, or MR study."; Mass notes 7/11 pet scan unexplained weight loss fatigue	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."; incidental finding of Liver lesion on CT chest	1

Pulmonary Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1
Pulmonary Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	1
Pulmonary Medicine	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 yrs ago; There has been treatment or conservative therapy.; COPd; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >	1
Pulmonary Medicine	Approval	78813 PET IMAGING WHOLE BODY		2
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.; 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	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 NOT 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; 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
Pulmonary Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		3
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.	1
Pulmonary Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Lymphoma or Myeloma.	1

Pulmonary Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.	1
Pulmonary Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being 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
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.	2
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.	2

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.; There has NOT been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1
Pulmonary Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	1
Pulmonary Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1
Pulmonary Medicine	Approval	S8032 Low-dose Computed Tomography 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 (S8032); This patient has had a Low Dose CT for Lung Cancer Screening (S8032) 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

Pulmonary Medicine	Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening	<p>He has a history of asbestos exposure. CT from May revealed calcified pleural plaques and multiple calcifications throughout both lungs. PFTs from January revealed an FEV1 of 1.27 or 35% of predicted, ratio 42% and DLCO of 76.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6-21-2016 &#x0D; He has a history of asbestos exposure. CT from May revealed calcified pleural plaques and multiple calcifications throughout both lungs. PFTs from January revealed an FEV1 of 1.27 or 35% of predicted, ratio 42% and DLCO of 76. I saw him in Jan; There has been treatment or conservative therapy.; ; He has been faithful with Advair one puff twice a day and Spiriva daily. He uses albuterol 3-4 times daily. He tried NAC but states it did not help. He uses 2 L of oxygen at night</p>	1
Pulmonary Medicine	Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening	<p>This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; 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.</p>	1

Pulmonary Medicine	Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening		This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	2
Pulmonary Medicine	Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening		This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	2
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.	3
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	"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

Pulmonary 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
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 evidence of a lung, mediastinal or chest mass 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	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
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	6 month follow up on a lung nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for 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 known tumor.	2

Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	A cough worsened with exercise; sarcoidosis; hx cp and anxiety; A Chest/Thorax 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	Baseline cough and dyspnea.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	copd; A Chest/Thorax CT is being ordered.; The patient did NOT have a Chest x-ray in the past 2 weeks.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	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	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
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	None; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient has dyspnea; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1

Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Pt has sleep apnea does not respond to treatment and has shortness of breath w/ any exertion; A Chest/Thorax 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	Repeat CT chest ordered to evaluate pulmonary nodules for stability; "There is NO evidence of a lung, mediastinal or chest mass 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.	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 to establish a cancer diagnosis.; This study is being requested for Lung Cancer.	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 Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1
Pulmonary Medicine	Disapproval	S8032 Low-dose Computed Tomography For Lung Cancer Screening	Radiology Services Denied Not Medically Necessary	possible lung cancer; This request is for a Low Dose CT for Lung Cancer Screening (S8032); No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening (S8032).; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1

Radiation Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	requested to evaluate for metastatic disease and radiation therapy planning; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is 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	Surveillance of lymphoma.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering 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
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.	4
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	70544 Mr angiography head w/o dye	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.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is 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
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.; 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	acoustic neuroma; This request is for a Brain MRI; The study is 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
Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Follow up after complete whole brain radiation for know METS and to evaluate METS; 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	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.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Initial staging for non-small cell 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
Radiation Oncology	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.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was normal.	1

Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	None; This request is for a Brain MRI; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of tumor; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; A biopsy has been completed to determine tumor tissue type.; 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
Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	radiation 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.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1

Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2
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.	18
Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1
Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	1

Radiation Oncology	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 does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	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	; "There is NO evidence of a lung, mediastinal or chest mass 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	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	5
Radiation Oncology	Approval	71250 CT CHEST, THORAX	none; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1

Radiation Oncology	Approval	71250 CT CHEST, THORAX	requested to evaluate for metastatic disease and radiation therapy planning; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is 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	Surveillance of lymphoma.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering 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
Radiation Oncology	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Patient has pathologically confirmed basal cell carcinoma that he beginning radiation treatment for. He does have a blood clotting disorder.; "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

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.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Radiation Oncology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Pt has been treated recently w/ radiation and is now numb in his legs and MDO is wanting to see what is going w/ his spine after t/x and to see if the lesion has gotten bigger.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt has been treated recently w/ radiation and is now numb in his legs and MDO is wanting to see what is going w/ his spine after t/x and to see if the lesion has gotten bigger.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	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 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
Radiation Oncology	Approval	72192 CT PELVIS WITHOUT CONTRAST	R/O fistula; 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
Radiation Oncology	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	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?	1
Radiation 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
Radiation Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Surveillance of lymphoma.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering 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
Radiation Oncology	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
Radiation 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

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 a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases	1
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.; 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.; <Enter Additional Clinical Information>	1
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 a known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases	1

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 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
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.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Radiation 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."; None	1

Radiation 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 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
Radiation 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.	2
Radiation Oncology	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
Radiation Oncology	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
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Breast Cancer.	1

Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Lung Cancer.	1
Radiation Oncology	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
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 Brain Cancer/Tumor or Mass.; It is unknown if this is being ordered to distinguish tumor(s) from treatment related tissue necrosis.	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 Breast Cancer.; This is for evaluation of axillary lymph nodes.	1

Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Colo-rectal Cancer.; It is unknown how many 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 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.	3
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this 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 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

Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.	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.; 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
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.; It is unknown if the patient completed a course of treatment initiated in the last 8 weeks or are experiencing new signs or symptoms.; The patient does NOT have Thyroid or Brain 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 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 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.	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.	5
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 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

Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.	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.; 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
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	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
Radiation Oncology	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
Radiation Oncology	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

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 ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.	2
Radiology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST		Yes, this is a request for CT Angiography of the brain.	2
Radiology	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 post-operative evaluation.	1
Radiology	Approval	70544 Mr angiography head w/o dye		Pt has a cerebral aneurysm; This study is being ordered for Vascular Disease.; 7/16/13; There has been treatment or conservative therapy.; Pt has dizziness and headaches; Pt has cerebral aneurysm repair	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.	2
Radiology	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

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.	1
Radiology	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
Radiology	Approval	71250 CT CHEST, THORAX	3 month fu- due to new endobronchial density of right lower lobe of lung is indeterminate. The lung RADS category 4A due to endobronchial location of this density//emphysema; 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	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
Radiology	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
Radiology	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

Radiology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	2
Radiology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	pain post op; 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
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.	6
Radiology	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
Radiology	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
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.	2

Radiology	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
Radiology	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	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 documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study.";	1
Radiology	Approval	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	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.	1
Radiology	Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening	; This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; Patients who have stopped smoking 15 or more years ago do not meet the criteria for lung cancer screening.; The patient quit smoking 15 or more years ago.	1
Radiology	Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening	This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; 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.	2

Radiology	Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening		This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1
Radiology	Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening		This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1
Radiology	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
Radiology	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

Radiology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Radiology	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.;	1
Radiology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has a cerebral aneurysm; This study is being ordered for Vascular Disease.; 7/16/13; There has been treatment or conservative therapy.; Pt has dizziness and headaches; Pt has cerebral aneurysm repair	1
Radiology	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary		1
Radiology	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.";	1
Radiology	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 no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study.";	1

Radiology	Disapproval	S8032 Low-dose Computed Tomography For Lung Cancer Screening	Radiology Services Denied Not Medically Necessary	; This request is for a Low Dose CT for Lung Cancer Screening (S8032); No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening (S8032).; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1
Radiology	Disapproval	S8032 Low-dose Computed Tomography For Lung Cancer Screening	Radiology Services Denied Not Medically Necessary	; This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; Patients who have stopped smoking 15 or more years ago do not meet the criteria for lung cancer screening.; The patient quit smoking 15 or more years ago.	1
Radiology	Disapproval	S8032 Low-dose Computed Tomography For Lung Cancer Screening	Radiology Services Denied Not Medically Necessary	Pt is 45 years old presents with positive smoking history of 40 years//pt has COPD as well as history of testicular cancer; This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is 54 years old or younger.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; Patients who are NOT between the ages of 55 and 81 years of age do not meet the criteria for lung cancer screening.	1

Rehabilitations	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
Rehabilitations	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
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.; 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
Rehabilitations	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/21/2016; There has been treatment or conservative therapy.; Back Pain; pt and oral medication	1
Rehabilitations	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.; ;	1

Rehabilitations	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/21/2016; There has been treatment or conservative therapy.; Back Pain; pt and oral medication	1
Rehabilitations	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Lumbar Spine: Inspection: Normal alignment. Bony Palpation of the Lumbar Spine: No tenderness of the spinous processes and the coccyx and No tenderness to palpation of the sacroiliac joints and palpation of the greater trochanters. Soft Tissue Palpation o; 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
Rheumatology	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
Rheumatology	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

Rheumatology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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
Rheumatology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	2
Rheumatology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is 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
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	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

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.	3
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	1. SLE  Reports chest pain (R post chest wall region, pleuritic) for (2 years). PFTs showed restrictive defect get CxR today. May need CT chest for further evaluation. Continue same treatment for now. Investigative studies as below for disease activity; A Chest/Thorax 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	56 yo AAM with limited scleroderma and abnormal PFTs. Please evaluate for interstitial lung disease. Pt reports l sided chest pain at night, dyspnea after walking 1 1/2 blocks, dry cough, reports pain in the calves with walking, resolve with rest. Reports; A Chest/Thorax 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.	1
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	Pt has nodules in her lungs, confirmed on 9/22/15 by a chest CT and radiologists requested f/u between 4-6 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
Rheumatology	Approval	71250 CT CHEST, THORAX	Pt suffers with a possible small pneumothorax and chest lobulated lucency.; A Chest/Thorax 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	SARCOIDOSIS, ON GOING 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
Rheumatology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	This patient came in today for her PA and lateral chest x-ray prior to her Remicade infusion. She has persistent bilateral pleural effusions. We will send for CT scan of the chest with contrast. She has had previous pleural effusions. The CT will be d; The patient is over 17 years old.; This study is not requested to evaluate suspected pulmonary embolus.; It is not known if this study will be performed in conjunction with a Chest CT.; This study is being ordered for Known or Suspected Congenital Abnormality.; The abnormality is of a non-cardiac nature.; Yes, this is a request for a Chest CT Angiography.	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.	2
Rheumatology	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.; Yes, the patient had six weeks of Chiropractic care related to this episode.	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.	4
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.	7
Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	2

Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	2
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.; 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
Rheumatology	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

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.; 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
Rheumatology	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
Rheumatology	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
Rheumatology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1

Rheumatology	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
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	14
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 Neurological deficit(s)	13
Rheumatology	Approval	72192 CT PELVIS WITHOUT CONTRAST	Marie H Gearhart is a 66 y.o. female with a PMH of DM, hyperlipidemia, HTN, bilateral TKA, OSA untreated, cdiff (in past) who is being seen in the Rheumatology Clinic at the University of Arkansas for Medical Sciences for the first visit as a consultation; 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	72192 CT PELVIS WITHOUT CONTRAST	She has history of positive ANA.She has symptoms of peripheral neuropathy. She takes levothyroxine for hypothyroidism. ordered a CT scan of the lumbar spine which revealed transitional anatomy at S1. Mild facet arthropathy. Sclerotic changes on both sides; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
Rheumatology	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
Rheumatology	Approval	72196 MRI PELVIS	bil hip pain; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Rheumatology	Approval	72196 MRI PELVIS	LOW BACK PAIN ASSOCIATED WITH A SPINAL DISORDER,PAIN IN MULTIPLE JOINTS,SCLEROSIS,ABNORMAL X-RAY,LOW BACL PAIN ASSOCIATED WITH A SPINAL DISORDER,SACROILIAC JOINTS SHOW SCLEROSIS,MYALGIA,HIP AND BUTTOCK PAIN; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Rheumatology	Approval	72196 MRI PELVIS	pain radiating both thighs, no injuries, aggravated by daily activities, relieved by pain medication, x-ray done that was abnormal, patient has muscle spasm,; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Rheumatology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1
Rheumatology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	9
Rheumatology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	5

Rheumatology	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
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.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; hand pain, swelling, stiff joints; medications, injections.	1
Rheumatology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ;	4
Rheumatology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Abnormal Ultrasound of the wrist , r/o a ligament 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.; 07/12/2016; There has been treatment or conservative therapy.; Pain in the right wrist ,; Medication ,	1
Rheumatology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	2

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.	3
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.	15
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 suspicion of upper extremity neoplasm or tumor or metastasis.	1

Rheumatology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Trying to determine what kind of arthritis and the progression.; This study is being ordered for Inflammatory/ Infectious Disease.; 12/01/2016; There has been treatment or conservative therapy.; Pain and swelling.; Anti-inflammatory drugs, however pt's PCP discontinued prednisone due to elevated blood sugar.   She takes Meloxicam and Tramadol with minimal relief	2
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 Inflammatory/ Infectious Disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; hand pain, swelling, stiff joints; medications, injections.	1
Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Abnormal Ultrasound of the wrist , r/o a ligament 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.; 07/12/2016; There has been treatment or conservative therapy.; Pain in the right wrist ;; Medication ,	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 an orthopedist.	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.	3
Rheumatology	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
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.	3
Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	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 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
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.	4

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 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.	2

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 not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	2
Rheumatology	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
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		2
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 study is being ordered for Inflammatory/ Infectious Disease.; 4/1/16; There has been treatment or conservative therapy.; JOINT WARMTH, JOINT SWELLING, JOINT STIFFNESS; PT BEGAN ENBREL INJECTIONS ON 4/7/16, AND CONTINUES TO USE THEM.	2
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is being ordered for Inflammatory/ Infectious Disease.; see notes; There has been treatment or conservative therapy.; ; see notes	2
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.	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 a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	1
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	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 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
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	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 oncologist or orthopedist.; This study is being ordered for staging.; Known Tumor	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; No, the member do not 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.; Locking; 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; It is not known if 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.; Locking	1
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	1
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	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 evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	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 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.	3
Rheumatology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1
Rheumatology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).	2
Rheumatology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	1

Rheumatology	Approval	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 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	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
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	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1
Rheumatology	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
Rheumatology	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.; 08/11/2016; There has not been any treatment or conservative therapy.; chest pain, plural effusion on chest xray.	1
Rheumatology	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

Rheumatology	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.; 2/2016; There has been treatment or conservative therapy.; Neck pain, muscle weakness, numbness of upper extremity.; steroid injections, physical therapy.	1
Rheumatology	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
Rheumatology	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
Rheumatology	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.; 2/2016; There has been treatment or conservative therapy.; Neck pain, muscle weakness, numbness of upper extremity.; steroid injections, physical therapy.	1

Rheumatology	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
Rheumatology	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.; This is a 28-year-old female, who comes on consultation by Dr. Timothy Reese. She gives the diagnosis of rheumatoid arthritis and lupus diagnosed during her childhood. She has had this diagnosis for greater than 15 years. Today, she complains of mid tho; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Rheumatology	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
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.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1

Rheumatology	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.; had it for years; There has been treatment or conservative therapy.; pain and swelling in both hands unable to grip; HEP/ medications	2
Rheumatology	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.; ;	1
Rheumatology	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Pain in both hip and shoulder no improvement with prednisone. Decreased ROM both hips  Pain on abductino of shoulder Mild slowing of gait; This study is being ordered for Inflammatory/ Infectious Disease.; 06/20/2016; There has been treatment or conservative therapy.; Pain in both hip and shoulder no improvement with prednisone. Decreased ROM both hips  Pain on abductino of shoulder Mild slowing of gait; PREDNISON	1

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.	1
Rheumatology	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	2
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	; This study is being ordered for Inflammatory/ Infectious Disease.; see attached notes; There has been treatment or conservative therapy.; ; ibuprofen since june 6,2016	2

Rheumatology	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	Pain in both hip and shoulder no improvement with prednisone.; Decreased ROM both hips ; Pain on abductino of shoulder.; Mild slowing of gait; This study is being ordered for Inflammatory/ Infectious Disease.; 06/20/2016; There has been treatment or conservative therapy.; Pain in both hip and shoulder no improvement with prednisone.; Decreased ROM both hips ; Pain on abductino of shoulder.; Mild slowing of gait; PREDNISONE	1
Rheumatology	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

Sports Medicine	Approval	70450 CT BRAIN, HEAD	Patient fell and hit head on 8/5/2016 and has had worsening Headache since.; 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
Sports Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	NEEDS MRI OF BRAIN WITH CONTRAST DUE TO HEADACHES THAT ARE INCREASING IN INTENSITY SINCE INJURY 6 WEEKS AGO.Pt fell hitting the back of her head. A CT was done on 9/16/16 and recommends an MRI; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Sports 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.	1
Sports Medicine	Approval	71550 MRI CHEST	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	1

Sports 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.; There is weakness.; Weakness in bilateral upper extremitys with parestheias 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.	1
Sports Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	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; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	1
Sports Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	2
Sports 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.	3
Sports Medicine	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

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?	4
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	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 an Abnormal x-ray indicating a significant abnormality	1
Sports Medicine	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	1
Sports Medicine	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	1
Sports Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Sports Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; rotator cuff tear	1

Sports Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY		This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	1
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	2
Sports Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		This is a requests for a hip MRI.; 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.	2
Sports 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
Sports Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 6/1/16; There has been treatment or conservative therapy.; PAIN NUMBNESS; PT INJECTIONS	1

Sports 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 study is being ordered for a neurological disorder.; 6/1/16; There has been treatment or conservative therapy.; PAIN NUMBNESS; PT INJECTIONS	1
Surgery	Approval	70450 CT BRAIN, HEAD			1
Surgery	Approval	70450 CT BRAIN, HEAD		Colonoscopy 9/13/2016 and rectal mass was found, patient has hx of lymphoma. Brain CT is to rule out a stroke or a bleed.; 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	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
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.	1

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 NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	70450 CT BRAIN, HEAD	Unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 6/28/16; There has been treatment or conservative therapy.; Pt has severe swelling and pain, difficulty eating, having drainage from salivary gland; Pt has been on medications, heating pads,	1
Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		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 Inflammatory/ Infectious Disease.; 6/27/16; There has not been any treatment or conservative therapy.; Pt has lymph node swelling	1
Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. 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

Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Determine what the neck mass is in the neck (Cancer?) and what the density in the chest 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.; 5/1/2016; There has not been any treatment or conservative therapy.; left neck mass, pain associated with, chest nodules, cough	1
Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Neck mass is 4.5cm, palpable, round, and mobile on right side of neck. Patient state a biopsy was done about 2 years ago but does not remember the doctor or facility name and does not know the report. Mass has recently gotten larger in size.; 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
Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Patient has enlarged lymph nodes.; This study is 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 cervical and axillary lymphadenopathy.; There has not been any treatment or conservative therapy.; enlarged lymphnodes	1
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.; 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

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.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.	1
Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.	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.	6
Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 6/28/16; There has been treatment or conservative therapy.; Pt has severe swelling and pain, difficulty eating, having drainage from salivary gland; Pt has been on medications, heating pads,	1

Surgery

Approval

70496 CT
ANGIOGRAPHY HEAD
W/CONTRAST/NONCON
TRAST

Patient with a left common carotid artery occlusion and symptoms are certainly consistent with TIA. His ophthalmic symptoms do not sound like typical amaurosis. His left arm pressure is about 20 millimeters hg less than his right arm but no obvious reason; This study is being ordered for Vascular Disease.; Patient is here for followup after bilateral common femoral artery endarterectomy with patch. He says his legs feel significantly better and is no longer having any short distance claudication. The patient has a known left common carotid artery occlusion; There has been treatment or conservative therapy.; He says his legs feel significantly better and is no longer having any short distance claudication. The patient has a known left common carotid artery occlusion with moderate stenosis on the right internal carotid by duplex examination done and hope Arka; bilateral common femoral artery endarterectomy with patch

1

Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Patient with a left common carotid artery occlusion and symptoms are certainly consistent with TIA. His ophthalmic symptoms do not sound like typical ameurosis. his left arm pressure is about 20 millimeters hg less than is right arm but no obvious rever; This study is being ordered for Vascular Disease.; Patient is here for followup after bilateral common femoral artery endarterectomy with patch. He says his legs feel significantly better and is no longer having any short distance claudication. The patient has a known left common carotid artery occlusio; There has been treatment or conservative therapy.; He says his legs feel significantly better and is no longer having any short distance claudication. The patient has a known left common carotid artery occlusion with moderate stenosis on the right internal carotid by duplex examination done and hope Arka; bilateral common femoral artery endarterectomy with patch	1
Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the Neck.	2

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.; 07/22/2015; There has been treatment or conservative therapy.; The Pt has had right and left thyroid removed. Pt has had removal of superior thyroid gland. Pt ahs difficulty swallowing, abnormal labs,Pt has weight gain, insomnia, night sweats, shortness of breath, dry skin, hair thinning, excessive sweating, irrita; The Pt has had right and left thyroid removed. Pt has had removal of superior thyroid gland. Pt ahs medication therapy.	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 chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1
Surgery	Approval	71250 CT CHEST, THORAX		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.	1
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.	6

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.	2
Surgery	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
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	; This study is being ordered 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	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	4
Surgery	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.	1

Surgery	Approval	71250 CT CHEST, THORAX	Colonoscopy 9/13/2016 and rectal mass was found, patient has hx of lymphoma. Brain CT is to rule out a stroke or a bleed.; 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	Determine what the neck mass is in the neck (Cancer?) and what the density in the chest 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.; 5/1/2016; There has not been any treatment or conservative therapy.; left neck mass, pain associated with, chest nodules, cough	1
Surgery	Approval	71250 CT CHEST, THORAX	dysphagia; abnormal egd; A Chest/Thorax 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	71250 CT CHEST, THORAX	family history of cancer. mom had breast cancer. father had an unknown cancer. ct req prior to surgical intervention.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	follow up to treatment response; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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
Surgery	Approval	71250 CT CHEST, THORAX	HE HAS A CONFIRMED DX OF CARCINOMA OF THE CECUM FROM ENDOSCOPIC PROCEDURE DONE 6/28/16. THIS IS FOR INITIAL STAGING. SURGERY IS PLANNED. PAST HX OF RECTAL 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
Surgery	Approval	71250 CT CHEST, THORAX	lumps under bilateral axillas, dizziness, nausea, night sweats off/on.; "There is NO evidence of a lung, mediastinal or chest mass 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	one year follow up of chest mass to determine stability.; "There is NO evidence of a lung, mediastinal or chest mass 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	Patient has enlarged lymph nodes.; This study is 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 cervical and axillary lymphadenopathy.; There has not been any treatment or conservative therapy.; enlarged lymphnodes	1
Surgery	Approval	71250 CT CHEST, THORAX	Pt had a EGD done June 22 2016 for difficulty swallowing. Had two Bx that showed inflammation. Was started on medication. Now has cont. difficulty swallowing and also complains of chest pain. No relief with medication.; "There is NO evidence of a lung, mediastinal or chest mass 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	Pt suffers with enlarged lymph nodes; painful. Appear to be moderate in size (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
Surgery	Approval	71250 CT CHEST, THORAX	Single pulmonary nodule of the lung noted on CT 2015. Annual 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

Surgery	Approval	71250 CT CHEST, THORAX	The bilateral diagnostic mammogram on 6/3/2016 showed bilateral BI-RADS Category 2 benign findings. Previously questioned area of asymmetric density and architectural distortion appears to reflect superimposition of normal parenchymal elements. No reprodu; "There is NO evidence of a lung, mediastinal or chest mass 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	The pathology from this biopsy on the left breast. the histology is invasive ductal carcinoma , is moderately differentiated , and the hormone receptors are Estrogen and Progesterone positive, Her2/neu is negative, and Ki-67 is high. The left axillary lymph; 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	this is a follow up CT from a previous ct done showing a right lung nodule recommended follow up CT of Chest for stability with patient with personal history of renal cancer; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	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.	2
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 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	Weight loss of over 25 pounds in short time, mild epigastric tenderness, nausea, vomiting, diarrhea, extreme fatigue, and change in bowel habits.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	; 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
Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1
Surgery	Approval	71550 MRI CHEST	; This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a chest MRI.	2
Surgery	Approval	71550 MRI CHEST	Mass in the scapula; 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
Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK		1

Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.	1
Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
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.; ; It is not known if there has been any treatment or conservative 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.	1
Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1

Surgery	Approval	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
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.	1
Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	EVALUATE WEAKNESS; This study is being ordered for trauma or injury.; 03/2/2016; There has been treatment or conservative therapy.; SPINAL AND HIP PAIN, NUMBNESS, WEAKNESS; PHYSICAL THEARPY, MEDICATION	1
Surgery	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

Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	EVALUATE WEAKNESS; This study is being ordered for trauma or injury.; 03/2/2016; There has been treatment or conservative therapy.; SPINAL AND HIP PAIN, NUMBNESS, WEAKNESS; PHYSICAL THERAPY, MEDICATION	1
Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	patient has acute pain at t11-t 12 region after trauma. suspect acute disk herniation at around this level. two weeks prior tore ligaments and tendons in back and tore apart two ribs  pain is unbearable; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
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.	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	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)	2
Surgery	Approval	72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	This is a request for a pelvis CT angiography.	1
Surgery	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
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 NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are NO active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "There are no radiographical or ultrasound findings consistent with abnormal fluid collection, pelvic abscess, pelvic inflammation or ascites."; "There are no physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.	1

Surgery	Approval	72192 CT PELVIS 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
Surgery	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
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	Enter answer here - or Type Pt has a slight bulge in the left hemiscrotum. He is very tender over the testicle and spermatic cord, which appears to be edematous. I could not definitely appreciate a reducible hernia. His left testicle is more firm than the; 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	Known mass; 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.	2
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	left inguinal pain; 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

mass was found; large mass near the groin, pt has bleeding disorder; The patient is not undergoing active treatment for cancer.; The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; 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 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.; This study is not being ordered for initial staging.; The patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; The patient is not presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.; This is a request for a Pelvis CT.

1

Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	Patient has a rectal mass 2cm from anus at 3 o'clock position with pain, not a hemorrhoid seen on exam, there is a ridge or something felt on exam; 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
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	Pt. having pelvic pain for 2 mos. Palpable mass felt on physical exam.; 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
Surgery	Approval	72196 MRI PELVIS	; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
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.	2
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?	1
Surgery	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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Approval	73200 CT ARM OR UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/2006; There has been treatment or conservative therapy.; Swelling Tenderness; OT sling steroid injections	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.	6
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.	3

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 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.	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 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.	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.	17
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.	3

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.; 2 months; There has been treatment or conservative therapy.; swelling readiness and tenderness hurts when gripping; hand therapy	2
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.; 4/2006; There has been treatment or conservative therapy.; Swelling Tenderness; OT sling steroid injections	1
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	54 year old female patient w/ pain. MRI wrist eval for a TFCC injury; The pain is not from a recent injury, old injury, chronic pain or a mass.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	ganglion cyst vs TFC 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.; 6/1/16; It is not known if there has been any treatment or conservative therapy.; swelling pain	2
Surgery	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.; none given	1

Surgery	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
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 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.	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.	11

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

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 does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.	2
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does 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.	4

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

Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Surgery	Approval	73700 CT LEG OR LOWER EXTREMITY	< 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	73700 CT LEG OR LOWER EXTREMITY	Pt has acute abdominal pain and a palpable thigh mass; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Pt has abdominal pain and a palpable right thigh mass; There has been treatment or conservative therapy.; acute abdominal pain and a palpable thigh mass; Treated with medication for abd pain	1

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 no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.	1
Surgery	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
Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; Non healing ulcers on both feet	2

Surgery	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.; 07/11/2016; There has been treatment or conservative therapy.; multiple open wounds; wound care	2
Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	R/O osteomyelitis; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is not an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	1
Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient 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

Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	1
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 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
Surgery	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.; It is not known if the study is for pre-operative planning.; The ordering physician is not an orthopedist.; Pre-operative Evaluation; Instability	1
Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	1

Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is 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
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	< 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	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	Abdominal pain, tenderness, and increased size in abdomen; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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

Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	PT HAS A KNOWN SPLENIC HEMATOMA, NEED TO REIMAGE AND ASCERTAIN IF HEALING OR IF NEEDS TO BE SURGICALLY REPAIR. CAUSING PT INCREASED 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
Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Pt suffers with enlarged lymph nodes; painful. Appear to be moderate in size (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

Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	pt was referred to surgeon by PCP, Abdominal pain, us done negative, HIDA scan shows EF of 95% with no reproduction of his pain or any particular symptoms, Colonoscopy was essentially normal, cramping; burning, has been going on for years nothing gives re; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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 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.	3
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.	3
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 kidney/ureteral stone.; There is a known or a strong suspicion of kidney or ureteral stones.	1

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 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
Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON TRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	1
Surgery	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCON TRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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		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.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.	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	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	A hernia is present. Hernia confirmed positive in the ventral area.; This is a request for an abdomen-pelvis 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
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	ABD Abces status post perforated appendix .; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	chronic colitis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Colonoscopy 9/13/2016 and rectal mass was found, patient has hx of lymphoma. Brain CT is to rule out a stroke or a bleed.; 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	family history of cancer. mom had breast cancer. father had an unknown cancer. ct req prior to surgical intervention.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	74176 CT ABD & PELVIS W/O CONTRAST	follow up to treatment response; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	HE HAS A CONFIRMED DX OF CARCINOMA OF THE CECUM FROM ENDOSCOPIC PROCEDURE DONE 6/28/16. THIS IS FOR INITIAL STAGING. SURGERY IS PLANNED. PAST HX OF RECTAL 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
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	incarcerated hernia; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient has abdominal pain, requesting CT Scan for questionable history of pancreatic cancer.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	PHYSICAL EXAM: ABD: MILD DIFFUSE TENDERNESS, LIVER A LITTLE LARGE, PALPABLE TO ABOUT 2-3 FINGERS BREADTH BELOW COSTAL MARGIN, ABD A LITTLE BLOATED; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; It is unknown if the patient had an Ultrasound.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Post Op Evaluation; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has acute abdominal pain and a palpable thigh mass; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Pt has abdominal pain and a palpable right thigh mass; There has been treatment or conservative therapy.; acute abdominal pain and a palpable thigh mass; Treated with medication for abd pain	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has constant stabbing pain status post surgery x 2 since 1/1/16; r/o complications; 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	Pt has history of hernia repair with marlex mesh in 2008. Pt is now having abdominal pain and has developed a bulge in her upper abdominal wall. Pt also reports to losing around 100lbs.; 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	Pt is post op hernia repair. R/O recurrent hernia; 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

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	pt with continued pain, with negative gallbladder & EGD/stomach workup. pt complaints of epigastric and RLQ pain. nothing helps with the pain, been taking omeprazole & Carafate for a month has not helped. stools loose, positive for nausea & Vomiting. It o; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This 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	R10.9; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This 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	The pathology from this biopsy on the left breast. the histology is invasive ductal carcinoma , is moderately differentiated , and the hormone receptors are Estrogen and Progesterone positive, Her2/neu is negative, and Ki-67 is high. The next axillary lymph node; 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	74176 CT ABD & PELVIS W/O CONTRAST	The patient is having abdominal pain that has been present for past 6 months.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	The Pt has had hernia repair 2015. pt has had gaLL BLADDER REPAIR. Rule out recurrent ventral hernia.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	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.	25
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 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	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 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.; 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
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; 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.; Trauma	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for post-op evaluation.; The study is requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	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; <Enter Additional Clinical Information>	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; Patient is Post Op ileocectomy from 8/25/16 and patient is now having fever. Need CT Abdomen and pelvis stat.	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	20

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 evaluate if drain can be removed	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; Complex polytrauma with bile leak/abscess after Grade 5 crush injury to the right lobe of the liver. He may ultimately require surgical resection of the right lobe of the liver	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; Patient had EGD and Colonoscopy CT is to evaluate extrinsic compression in antrum, weight loss and abdominal 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 not a first follow up study for a post operative complication.; Pre-op or post op evaluation; Patient with prior history of low grade (well differentiated to moderately differentiated) adenocarcinoma, with lymphatic involvement., with lymphatic involvement. There were 1 lymph nodes that were positive for cancer, out of a total of 25. He stopped hi	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; Recurrent hernia	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.; It is not known if the study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; The pre-op evaluation is for planned or possible ventral hernia repair ordered by a surgeon.; Pre-op or post op evaluation	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	41

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.	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 Hematuria.; Other	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 Lymphadenopathy.; 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 abdominal pain in patient over 75 years of age.; 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	3

Surgery	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
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>	14
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 Pain	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; Has an 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; Has hernia, Had previous 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; Hx of ulcer, having abdominal pain for several months. Worsening.	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 has had increasing 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 has had left groin area pain radiating to the left hemiscrotum for weeks now. It is described as a sharp pain, severe and unchanged. There is tenderness on palpation. Onset was after heavy lifting, but no definite hernia is felt at the site of his	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 an ER doctor; lower abdominal pain radiating to Lt flank area; constipation; family hx of colon cancer; r/o any obstruction or mass	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; possible new and abdominal wall hernia, suffers from asymptomatic hernia, the pain is painful, symptoms get aggravated by straining, coughing, lifting, did not have hernia in the past, palpation of abdomen reveals soft and tenderness, tenderness near prev	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 7 month hx of lower left quad pain, suspecting possible hernia but unable to be palpated	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 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; Pt suffers with right and left groin 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; Pt. has a history of colon cancer with colon resection and treatment. Now has abdomen pain with a change in bowels.	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; right flank pain 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; The patient has been experiencing epigastric abdominal pain for 2-3 weeks. It is described as sharp and crampy. The pain is improved with nothing	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	3
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; We are asking for CT scan Abd/pelvis to rule out abdominal wall hernia that can not be palpated. He has been complaining of chronic LLQ that is not alleviated with rest or limited activities.	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; will send notes	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	8
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 suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor;	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 new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; 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;	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; <Enter Additional Clinical Information>	3

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; Pt has 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	3

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There has not been a recent 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
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	2
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.	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 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.; A urinalysis has 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.	2
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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; within the past 3-4 months; There has not been any treatment or conservative therapy.; Pt has weight loss (18lbs) abdominal pain, diarrhea.	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Weight loss of over 25 pounds in short time, mild epigastric tenderness, nausea, vomiting, diarrhea, extreme fatigue, and change in bowel habits.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	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."; Newly transplanted liver patient with acute rejection and elevated liver enzymes.	1
Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	1
Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.	1
Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	6

Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; Evaluation and treat if surgical or transplant candidate.	1
Surgery	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.; DILATED COMMON BILE DUCT SEEN @ THE TIME OF SURGERY TODAY	1
Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	1
Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; < Enter answer here - or Type In Unknown If No Info Given. >	1
Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; gallbladder and bile duct stones, need for pre-op evaluation	1
Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Non-intractable vomiting with nausea and abdominal pain	1

Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; S/P LAP CHOLE HAVING ABD PAIN & ELEVATED LIVER FUNCTIONS	1
Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; CT scan showed a 4,7 cm left adrenal mass and 1.7 cm right adrenal mass. due to surrounding organs and spinal rods the mass is not well delineated on the ct scan despite contrast.	1
Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Patient has a known pancreatic mass in need of followup MRI to re-evaluate	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.";	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."; abnormal CT scan of gallbladder and liver. possible gallbladder adenocarcinoma. radiologist recommended MRI with MRCP	1
Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; evaluating	1
Surgery	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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
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		1
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered for 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	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
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Bloody discharge from her nipple; 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	Discordant pathology on biopsy, requires further imaging; 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
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.; No, this is not 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, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.; 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 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).	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.; 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.	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 a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	8
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	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

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.; 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
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.	1
Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Lung 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 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 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
Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 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 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
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.; 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

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.	1
Surgery	Approval	S8037 mrcp		Dr. Vinsant is now on the line requesting a P2P; This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; It is not known if patient requires evaluation for a congenital defect of the pancreatic or biliary tract.; It is not known if MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.; It is not known if patient is 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."; It is not known if patient has acute pancreatitis.	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 undergone unsuccessful ERCP and requires further evaluation.	1
Surgery	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.; 6/27/16; There has not been any treatment or conservative therapy.; Pt has lymph node swelling	1

Surgery	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	Neck mass, has sharp pain, can't turn 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 neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	1
Surgery	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 metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Surgery	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.; 07/22/2015; There has been treatment or conservative therapy.; The Pt has had right and left thyroid removed. Pt has had removal of superior thyroid gland. Pt ahs difficulty swallowing, abnormal labs,Pt has weight gain, insomnia, night sweats, shortness of breath, dry skin, hair thinning, excessive sweating, irrita; The Pt has had right and left thyroid removed. Pt has had removal of superior thyroid gland. Pt ahs medication therapy.	1
Surgery	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/15/16 for chest abdomen and pelvis; There has not been any treatment or conservative therapy.; N&V, diarrhea, weight loss	1
Surgery	Disapproval	71250 CT CHEST, THORAX	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 NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Surgery	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.; within the past 3-4 months; There has not been any treatment or conservative therapy.; Pt has weight loss (18lbs) abdominal pain, diarrhea.	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.; 2 weeks; There has not been any treatment or conservative therapy.; radiation of pain down should up into the neck	1
Surgery	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.; 7/2/16; There has not been any treatment or conservative therapy.; neck pain and pain in his lower back, radiating to the right	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.; 7/2/16; There has not been any treatment or conservative therapy.; neck pain and pain in his lower back, radiating to the right	1
Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pain reproducible and aggravated with manipulation of leg.; This study is being ordered for Inflammatory/ Infectious Disease.; 6 months ago; There has been treatment or conservative therapy.; Low back pain with radiation down right hip, thigh, and lower leg; Physical therapy, exercise, stretching, NSAID's for over 2 months	1

Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt seen in ER and by another doctor, recommended colonoscopy but OP does not believe complaints are colon related.; 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	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1
Surgery	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; 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	Disapproval	73206 CT ANGIOGRAPHY UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the upper extremity.	1
Surgery	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
Surgery	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.; 2 weeks; There has not been any treatment or conservative therapy.; radiation of pain down should up into the neck	1

Surgery	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.; ; It is not known if there has been any treatment or conservative therapy.;	1
Surgery	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does 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
Surgery	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Pain reproducible and aggravated with manipulation of leg.; This study is being ordered for Inflammatory/ Infectious Disease.; 6 months ago; There has been treatment or conservative therapy.; Low back pain with radiation down right hip, thigh, and lower leg; Physical therapy, exercise, stretching, NSAID's for over 2 months	1

Surgery	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Mass is located just below the left ribcage that has recently become painful. Possibly a tiny lipoma.; 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
Surgery	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is 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
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Abd pain, Hx of multiple abdominal surgeries.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; 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	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
Surgery	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.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O 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.; 6/15/16 for chest abdomen and pelvis; There has not been any treatment or conservative therapy.; N&V, diarrhea, weight loss	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient with Chronic Cholecystitis.; This is a request for an abdomen-pelvis CT combination.; This study is being 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	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Pt with continued RUQ, Epigastric, & Periumbilical pain, normal abdominal ultrasound, normal labs except elevated CRP, pt says sharp pains all the time been going on for 2 months, nothing seems to make worse or better.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This 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	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.; 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
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;	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>	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, recently had a c section, above the c section there is a bulge. She is in severe 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; left growing pain, injections but no improvement , possible 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; Patient is in a lot of pain , unknown 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; RUQ tenderness, constipation and abdominal pain, abdominal pain; abdominal swelling, referral from Dr. Hanley for Enlarged colon, chronic constipation. Pt states she has chronic constipation and RUQ pain x 1 week.	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; This is a 61 y/o female who presents with a history of RUQ and LUQ pain associated with ill defined masses. The patient states the pain is worse when she leans against the counters at home. Questionable gallbladder.	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; This is a follow up from 2014.	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; This patient is referred for evaluation of right upper quadrant abdominal pain. It has been present for over a year but seems to be worse recently. The pain is constant but sometimes seems to get worse with eating. There has been no nausea or vomiting. Th	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; UNKNOWN	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.; 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; <Enter Additional Clinical Information>	1
Surgery	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
Surgery	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 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
Surgery	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 genetric 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 known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	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 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	nipple pain/tenderness/nipple discharge/patient has thickening in the right 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
Surgery	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	suspected 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
Surgery	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 sings or symptoms.	1
Surgical 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

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.	1
Surgical Oncology	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	5
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.	3
Surgical Oncology	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
Surgical Oncology	Approval	72196 MRI PELVIS	; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Surgical Oncology	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
Surgical Oncology	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
Surgical Oncology	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.	1

Surgical Oncology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	2
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	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
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.; 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.	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.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	3
Surgical Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	pretreatment planning for breast cancer.; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1
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.	4
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.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	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 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

Surgical Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.	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 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
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 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.	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	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

Thoracic 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
Thoracic Surgery	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
Thoracic Surgery	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	7
Thoracic Surgery	Approval	71250 CT CHEST, THORAX	HX of Lung CA. 1 yr. F/U post 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
Thoracic Surgery	Approval	71250 CT CHEST, THORAX	Pt has known aneurysm and has h/o severe HTN, obesity, and hyperlipidemia. Aneurysm in Dec.2015 was 4.4cm we are following size.; This study is being ordered for Vascular Disease.; Patient has known aneurysm since 12-16-15; There has not been any treatment or conservative therapy.; Pt is currently not having symptoms this is only routine f/u for aneurysms.	1

Thoracic 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
Thoracic Surgery	Approval	71250 CT CHEST, THORAX	This is a yearly follow up on the 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
Thoracic Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Mr. Book is here today by personal referral. He is a current CRNA at St. Bernards in Jonesboro. He was recently admitted to St. Bernards after being stung by a bee and becoming unresponsive in his vehicle while picking up his child from school. When arous; 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 been performed within the last month.; Yes, this is a request for a Chest CT Angiography.	1
Thoracic Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	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?	1
Thoracic 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 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

Thoracic Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; It is not known if there is a suspected meniscus, tendon, or ligament injury.; 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
Thoracic Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON TRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	1
Thoracic Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has known aneurysm and has h/o severe HTN, obesity, and hyperlipidemia. Aneurysm in Dec.2015 was 4.4cm we are following size.; This study is being ordered for Vascular Disease.; Patient has known aneurysm since 12-16-15; There has not been any treatment or conservative therapy.; Pt is currently not having symptoms this is only routine f/u for aneurysms.	1

Thoracic Surgery	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.; It is not known if there is evidence of vascular abnormality seen on plain film and/or Ultrasound/ Doppler.; It is not known if there are symptoms or findings to indicate the member has internal abdominal and or pelvic bleeding such as hematoma or hemorrhage.; Vascular disease; possible wound infection	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.	4
Thoracic 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 Ovarian or Esophageal 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; 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 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
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 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
Thoracic Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Thoracic Surgery	Disapproval	73206 CT ANGIOGRAPHY UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	RIGHT ARM BETTER STATUS POST NERVE BLOCK; This study is being ordered for Vascular Disease.; UNKNOWN; There has not been any treatment or conservative therapy.; LEFT LOWER EXTREMITY CLAUDICATION AFTER WALKING ABOUT 100 YARDS BUT NO REST PAIN, HISTORY OF RIGHT LOWER EXTREMITY STENT, COMPLAINING OF RIGHT UPPER EXTREMITY CLAUDICATION LIKE WHEN USING A HAMMER.	1

Thoracic Surgery	Disapproval	75635 CTA AA&BI ILIOFEM LXTR RS&I C- /C+ POST-PXESSING	Radiology Services Denied Not Medically Necessary	RIGHT ARM BETTER STATUS POST NERVE BLOCK; This study is being ordered for Vascular Disease.; UNKNOWN; There has not been any treatment or conservative therapy.; LEFT LOWER EXTREMITY CLAUDICATION AFTER WALKING ABOUT 100 YARDS BUT NO REST PAIN, HISTORY OF RIGHT LOWER EXTREMITY STENT, COMPLAINING OF RIGHT UPPER EXTREMITY CLAUDICATION LIKE WHEN USING A HAMMER.	1
Unknown	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
Unknown	Approval	70450 CT BRAIN, HEAD		; 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
Unknown	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 Vertigo; 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

Unknown	Approval	70450 CT BRAIN, HEAD	post surgical scan -; 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
Unknown	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	2
Unknown	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	2
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.	9

Unknown	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.	2
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	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.	1
Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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 less than 14 days since onset	1

Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Sinus Eval The patient is a 44 year old self-referred female who reports constant puffiness to left eye, left periorbital pain, and variable left nasal congestion for a couple of months. She is a chronic mouth breather. Denies any epistaxis. She has both; 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,M AXILLOFACIAL 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,M AXILLOFACIAL NO CONTRAST	This study is being ordered for pre-operative evaluation.; This is a request for a Sinus CT.	1
Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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
Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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	She describes the symptoms as previous pain, decreasing in size.  She has had the following previous treatments for this problem: none  The patient states that the problem is just noticed one week prior.; 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	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.	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.	2
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.	9
Unknown	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	; This study is being ordered for a neurological disorder.; 08/22/2016; There has been treatment or conservative therapy.; Dizziness, Vertigo, Ringing in ear, since seeing Dr. Bonda on 8/22/2016 was seen by ENT who did a video nystagmogram which showed central vestibular abnormality,no history of migraines,recent video nystagmogram was concerning for central origin of his ve; meclizine as needed	1

Unknown	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the brain.	1
Unknown	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	; This study is being ordered for a neurological disorder.; 08/22/2016; There has been treatment or conservative therapy.; Dizziness, Vertigo, Ringing in ear, since seeing Dr. Bonda on 8/22/2016 was seen by ENT who did a video nystagmogram which showed central vestibular abnormality,no history of migraines,recent video nystagmogram was concerning for central origin of his ve; meclizine as needed	1
Unknown	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	RESTAGING-FOLLOWUP AFTER CHEMO, LAST CHEMO 8.26.16;; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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
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	; 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
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.	3
Unknown	Approval	70547 Mr angiography neck w/o dye	This is a request for a Neck MR Angiography.; The patient had an ultrasound (doppler) of the neck or carotid arteries.; The ultrasound showed stenosis (narrowing) of the artery.	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/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
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has 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

Unknown	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.; h/o multiple sclerosis, has flare up of symptoms, last MRI was last year and reportedly showed MS lesions in brain and spine, complaints of fatigue, gets tired after standing for sometime, legs feel restless,has urinary urgency and occasionally has bowel ; It is not known if there has been any treatment or conservative therapy.; Toe upgoing on right and equivocal on left, complaints of fatigue, numbness/pain in legs, feels her flare up is moderate in intensity, gets tired after standing for sometime. Her legs feel restless. She has urinary urgency and occasionally has bowel inco	1
Unknown	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.; pain located on right side of head starts around the eye and radiates to the back of head, pain in right upper chest, ribs and also has occasional stinging pain down left arm; There has been treatment or conservative therapy.; pain located on right side of head starts around the eye and radiates to the back of head, pain in right upper chest, ribs and also has occasional stinging pain down left arm; fioricet prescribed in april 2016 not helped with migraines, takes toprol	1

Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	If more lesions appear, will possible consider medication change.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; date dx was 3/15/14, patient is having an multiple sclerosis exacerbation for approximately a few weeks.; There has been treatment or conservative therapy.; Patient is having numbness on her whole left side, and is having a severe headache behind her eyes.; copaxone, and the patient has also taken Gabapentin and steroids to help with sleeping and flare ups in the past.	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt had an abnormal CT scan of the brain following an MVA 1 week ago. She has chronic recurring headaches, worsened after auto accident.; This request 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	SUDDEN ONSET VERTIGO,HEADACHE,NAUSEA,VOMITING,DAILY VERTIGO,DIAPHORESIS; 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

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.	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	6
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	4
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is 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
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	2
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of 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
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.	5
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.	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.	3

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.	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.	7
Unknown	Approval	71250 CT CHEST, THORAX	"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Unknown	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering 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
Unknown	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

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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	71250 CT CHEST, THORAX	3 month follow up scans to evaluate known cancer of the uterus.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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
Unknown	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	5
Unknown	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

Unknown	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
Unknown	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.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Unknown	Approval	71250 CT CHEST, THORAX	left lower lobe lung nodule seen on CT calcium score test 01/18/2016; "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
Unknown	Approval	71250 CT CHEST, THORAX	Multiple pulmonary nodules noted on ct scan 3 years ago. Has not been evaluated in past 3 years.; "There is NO evidence of a lung, mediastinal or chest mass 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	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
Unknown	Approval	71250 CT CHEST, THORAX	Patient had chest xray on 9/16/16 that showed a nodule in the left upper lobe.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Unknown	Approval	71250 CT CHEST, THORAX	PATIENT HAS HYPERTENSION AND CAD,SPIROMETRY SUGGESTIVE OF SEVERE OBSTRUCTION WITH FEV1 35%.HE HAS PROGRESSIVE DYSPNEA ON EXERTION WITH MINIMAL ACTIVITIES.; "There is NO evidence of a lung, mediastinal or chest mass 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	Patinet had a non contrast Chest CT done on 3/6/16 and it showed right middle lobe 6 mm 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
Unknown	Approval	71250 CT CHEST, THORAX	suspected aspiration on a foreign body; A Chest/Thorax 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	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	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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
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.; Initial Staging of 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.	1

Unknown	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	New patient referred by P.Stage for eval of paroxysmal Afib and to discuss PVI. Pt is on Eliquis for stroke prevention. She had a stress test in 11/2015 and it was normal. She had NSVT, 22 beats, happened since sotalol loading. She does have some left sid; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Unknown	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	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	RESTAGING-FOLLOWUP AFTER CHEMO, LAST CHEMO 8.26.16;; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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

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	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	- Additional clinical information: Patient is status post ACDF, C6-7 with continued radiculopathy. Patient may have mild collapse of graft. she may require posterior foraminotomy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/01/2015; There has been treatment or conservative therapy.; - Primary symptoms: Numbness and weakness in the cervical spine radiating to hands and down the right side of her body; - Treatment/Conservative therapy: Physical therapy, anti-inflammatory meds, injections	1
Unknown	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	paresthesia; This study is being ordered for trauma or injury.; 09/10/16; There has not been any treatment or conservative therapy.; neck pain, back pain, paresthesia	1
Unknown	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	2

Unknown	Approval	72131 CT LUMBAR SPINE, LOW BACK	paresthesia; This study is being ordered for trauma or injury.; 09/10/16; There has not been any treatment or conservative therapy.; neck pain, back pain, paresthesia	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.	2
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.	2

Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	- Additional clinical information: Patient is status post ACDF, C6-7 with continued radiculopathy. Patient may have mild collapse of graft. she may require posterior foraminotomy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/01/2015; There has been treatment or conservative therapy.; - Primary symptoms: Numbness and weakness in the cervical spine radiating to hands and down the right side of her body; - Treatment/Conservative therapy: Physical therapy, anti-inflammatory meds, injections	1
Unknown	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; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; TROUBLE GRIPPING IN RIGHT ARM AND HAND, WEAKNESS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Multiple sclerosis, joint pain, muscle weakness, fatigue, numbness, tingling; It is not known if there has been any treatment or conservative therapy.; joint pain, muscle weakness, fatigue, numbness, tingling	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.; h/o multiple sclerosis, has flare up of symptoms, last MRI was last year and reportedly showed MS lesions in brain and spine, complaints of fatigue, gets tired after standing for sometime, legs feel restless,has urinary urgency and occasionally has bowel ; It is not known if there has been any treatment or conservative therapy.; Toe upgoing on right and equivocal on left, complaints of fatigue, numbness/pain in legs, feels her flare up is moderate in intensity, gets tired after standing for sometime. Her legs feel restless. She has urinary urgency and occasionally has bowel inco	1

Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	If more lesions appear, will possible consider medication change.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; date dx was 3/15/14, patient is having an multiple sclerosis exacerbation for approximately a few weeks.; There has been treatment or conservative therapy.; Patient is having numbness on her whole left side, and is having a severe headache behind her eyes.; copaxone, and the patient has also taken Gabapentin and steroids to help with sleeping and flare ups in the past.	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	LAST CHEMO 8/26/16; FOLLOW-UP AFTER CHEMO;; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient was in a motor vehicle accident in July & was diagnosed with whip lash. Physical therapy, 5 weeks ago -No improvement. Originally seen in ER; 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

Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; 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
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; 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

Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>the patient was seen in the office today for consultation. She is previously been seen by neurologist at the other Baptist facility in it's not clear why she is here today instead of there. Nonetheless she complains of neck pain. This started about 5 o; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; the patient was seen in the office today for consultation. She is previously been seen by neurologist at the other Baptist facility in it's not clear why she is here today instead of there. Nonetheless she complains of neck pain. This started about 5 o; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</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	<p>This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?</p>	2

Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	10
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	3
Unknown	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
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.	2
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.	3

Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.; yes, there is a documented evidence of extremity weakness on physical examination.	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	; This study is being ordered for a neurological disorder.; 12/30/2014; There has been treatment or conservative therapy.; LOW BACK AND THORACIC PAIN MUSCLE SPASMS ,NUMBNESS AND TINGLING AND BURNING SENSATION IN HER LEGS.; MEDICATION AND HOME THERAPY REFFERRED TO SCOLIOSIS SPECIALIST IN ST. LOUIS	1

Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Multiple sclerosis, joint pain, muscle weakness, fatigue, numbness, tingling; It is not known if there has been any treatment or conservative therapy.; joint pain, muscle weakness, fatigue, numbness, tingling	1
Unknown	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
Unknown	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.; h/o multiple sclerosis, has flare up of symptoms, last MRI was last year and reportedly showed MS lesions in brain and spine, complaints of fatigue, gets tired after standing for sometime, legs feel restless, has urinary urgency and occasionally has bowel ; It is not known if there has been any treatment or conservative therapy.; Toe upgoing on right and equivocal on left, complaints of fatigue, numbness/pain in legs, feels her flare up is moderate in intensity, gets tired after standing for sometime. Her legs feel restless. She has urinary urgency and occasionally has bowel inco	1

Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; PATIENT HAS BEEN HAVING THORACIC AND LUMBAR BACK PAIN FOR THE LAST 2 WEEKS. HIS PAIN IS RADIATING TO HIS LEFT POSTERIOR LEG, LEFT KNEE, LEFT SHOULDER AND RIGHT SHOULDER. PATIENT TRIED TO DO PHYSICAL THERAPY BUT MADE PAIN WORSE.; There has been treatment or conservative therapy.; SEVERE THORACIC AND LUMBAR BACK PAIN WORSENERD BY BENDING, BOWEL MOVEMENT, DEEP BREATHING, HEAT, PALPATION AND SITTING; PATIENT HAS TRIED PHYSICAL THERAPY WITH NO RELIEF	1
Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	If more lesions appear, will possible consider medication change.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; date dx was 3/15/14, patient is having an multiple sclerosis exacerbation for approximately a few weeks.; There has been treatment or conservative therapy.; Patient is having numbness on her whole left side, and is having a severe headache behind her eyes.; copaxone, and the patient has also taken Gabapentin and steroids to help with sleeping and flare ups in the past.	1

Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if the patient has any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; The patient has had 3 or fewer thoracic spine MRIs.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.	1
Unknown	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.; <Enter Additional Clinical Information>	1
Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	LAST CHEMO 8/26/16; FOLLOW-UP AFTER CHEMO;; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	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.; 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
Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	3
Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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 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

Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Unknown	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
Unknown	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
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	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>- Additional clinical information: Patient is status post ACDF, C6-7 with continued radiculopathy. Patient may have mild collapse of graft. she may require posterior foraminotomy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/01/2015; There has been treatment or conservative therapy.; - Primary symptoms: Numbness and weakness in the cervical spine radiating to hands and down the right side of her body; - Treatment/Conservative therapy: Physical therapy, anti-inflammatory meds, injections</p>	1
Unknown	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 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.; Lumbar spine pain with depressed reflexes, decreased sensation and positive findings on x-ray.</p>	1

Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; leg pain, loss of balance, numbness down thighs, shortness of breath with small amount of exertion, decreased reflex in left leg , 5/5 strength on left, 4/5 strength on right, weakness, low back pain, radiculopathy lumbar region; 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
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 12/30/2014; There has been treatment or conservative therapy.; LOW BACK AND THORACIC PAIN MUSCLE SPASMS ,NUMBNESS AND TINGLING AND BURNING SENSATION IN HER LEGS.; MEDICATION AND HOME THERAPY; REFFERRED TO SCOLIOSIS SPECIALIST IN ST. LOUIS	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Multiple sclerosis, joint pain, muscle weakness, fatigue, numbness, tingling; It is not known if there has been any treatment or conservative therapy.; joint pain, muscle weakness, fatigue, numbness, tingling	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	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; h/o multiple sclerosis, has flare up of symptoms, last MRI was last year and reportedly showed MS lesions in brain and spine, complaints of fatigue, gets tired after standing for sometime, legs feel restless,has urinary urgency and occasionally has bowel ; It is not known if there has been any treatment or conservative therapy.; Toe upgoing on right and equivocal on left, complaints of fatigue, numbness/pain in legs, feels her flare up is moderate in intensity, gets tired after standing for sometime. Her legs feel restless. She has urinary urgency and occasionally has bowel inco	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; PATIENT HAS BEEN HAVING THORACIC AND LUMBAR BACK PAIN FOR THE LAST 2 WEEKS. HIS PAIN IS RADIATING TO HIS LEFT POSTERIOR LEG, LEFT KNEE, LEFT SHOULDER AND RIGHT SHOULDER. PATIENT TRIED TO DO PHYSICAL THERAPY BUT MADE PAIN WORSE.; There has been treatment or conservative therapy.; SEVERE THORACIC AND LUMBAR BACK PAIN WORSENER BY BENDING, BOWEL MOVEMENT, DEEP BREATHING, HEAT, PALPATION AND SITTING; PATIENT HAS TRIED PHYSICAL THERAPY WITH NO RELIEF	1

Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	58 year old male presents for follow up of chronic low back pain. Longstanding disk disease with 3 previous surgeries. He has chronic bilateral low back pain in the very low lumbar area with radiates down left leg and foot. Associated weakness although no; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 58 year old male presents for follow up of chronic low back pain. Longstanding disk disease with 3 previous surgeries. He has chronic bilateral low back pain in the very low lumbar area with radiates down left leg and foot. Associated weakness although no; The patient does not have new signs or symptoms of bladder 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	LAST CHEMO 8/26/16; FOLLOW-UP AFTER CHEMO;; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Lumbar tenderness, decreased ROM, exam limited by patient guarding and pain, decreased strength to right LE; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Lumbar tenderness, decreased ROM, exam limited by patient guarding and pain, decreased strength to right LE; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; 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
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.; It is not known if the patient has 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 have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	1
Unknown	Approval	72148 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?	5
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	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	25
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	6
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	1

Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	21
Unknown	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
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	<p>Thomas Eddings 12-27-78 cc: Dr. K. Jackson 07-13-16; SUBJECTIVE: Thomas Eddings is here continues to complain of bilateral knee pain, left is worse than right. He states that since I have seen him last, the injections we have given him that he got s; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; repeated and worsening weakness of lower back and left lower extremity. This has been going on for two years despite physical therapy, injections and activity modifications. Pain and weakness has been greatest the past two months causing back and left lo; The patient does not have new signs or symptoms of 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	72192 CT PELVIS WITHOUT CONTRAST	<p>POST SURGERY HYSTRECTOMY,ovary from surgery" as she feels "something is falling out and has a burning sensation and pain in left groin area" and is concerned about "my hematoma- will it reduce?" ; HPI: ; 12/23/2015: Had hysterectomy done at time of ; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.</p>	1

Unknown	Approval	72192 CT PELVIS WITHOUT CONTRAST	xray shows evidence of mass 1.3 cm; hip 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
Unknown	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering 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
Unknown	Approval	72196 MRI PELVIS	He was last seen in clinic on 6/21/16. On that day he had right side lumbar RF at T12, L1, L2, and L3. He returns to clinic today for follow-up visit. He reports very little reduction in his pain this time. He actually describes a stinging sensation o; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Unknown	Approval	72196 MRI PELVIS	hip bursitis as well as sacral iliac arthritis with extended lateral process which may contact the enlarged superior facet of the sacroiliacjoint on the right; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for arthritis.	1

Unknown	Approval	72196 MRI PELVIS	RESTAGING-FOLLOWUP AFTER CHEMO, LAST CHEMO 8.26.16;; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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
Unknown	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1
Unknown	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	3
Unknown	Approval	72196 MRI PELVIS	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, 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
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	ultrasound done July 28, 2016, There is a complex cystic structure located posterior to the right hip joint; within the superior gemellus muscle with mild mass effect on the overlying gluteus muscles on series 10 image 29 measuring 3.2 x 2.5 cm. This has This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Unknown	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	2
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	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.	1
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1

Unknown	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.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for trauma or injury.; 07/05/2012; There has been treatment or conservative therapy.; ;	2
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Concerned about an aneurysm vs ganglion cyst.; This study is being ordered for a neurological disorder.; 7/14/2016; There has been treatment or conservative therapy.; Grip strength weakness, pain with lifting, numbness and pain in the thumb, index, and long finger.; Limitation of activity, medication, and bracing.	2
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	FOLLOW-UP AFTER CHEMO; LAST CHEMO 8/26/16;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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
Unknown	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.	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.; 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.	6
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	8
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; shoulder instability. frequent grinding and popping and past history of dislocation.	1
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is experiencing joint locking or instability.	1

Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is NOT experiencing joint locking or instability.; The patient has a documented limited range of motion on physical examination.	1
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 not had recent plain films of the shoulder.; patient fell on right shoulder, has shoulder pain	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 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
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 pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1

Unknown	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
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There 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
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	2

Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does 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
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 study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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	73700 CT LEG OR LOWER EXTREMITY	leg swelling on the right only after standing on it all day, has tried treatment without any improvement; 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 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 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
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	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Yes, this is a request for CT Angiography of the lower extremity.	1

Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; X-ray examination 3 views of bilateral foot were performed. AP lateral and medial oblique demonstrating dorsal navicular avulsion fracture bilateral right greater than left. Possible stress fracture bilateral fifth metatarsal base with evidence of bone ; This is a request for a bilateral ankle MRI.	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 from an old injury.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	DR YAKIN CONCERNED OF AN OCCULT FX OF THE 3RD AND 4TH METATARSALS IN LEFT FOOT.; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; No treatments are underway or completed.	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	osteoarthritis of the bilateral knees mostly the medial compartment. Degenerative tears of the medial menisci ,locking or catching is positive on exam.; This study is being ordered for Inflammatory/ Infectious Disease.; Pain started in April of 2014. patellofemoral syndrome; There has been treatment or conservative therapy.; pain, swelling, fever in knees; physical therapy, injection in knees and mobic, tramadol	2

Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	pain and swelling of the knee for about a month, first apt with dr was 6/30/16; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Pain with palpation along posterior tibial tendon, right foot. Increased pain with single heel rise test right foot.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Pain with palpation on tibial sesamoid. X-ray examination 3 views of the right foot AP lateral and medial oblique were performed demonstrating bipartite medial and lateral sesamoid, possible irregularity of medial sesamoid.; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is NOT being ordered for chronic pain, acute pain, rule out tarsal coalition, known or suspected septic arthritis or osteomyelitis, tendonitis, neuroma or plantar fasciitis.	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	patient has ongoing bilateral knee pain with no relief from therapy or medications.; This study is being ordered for trauma or injury.; 03/21/2016; There has been treatment or conservative therapy.; bilateral knee pain with no relief from physical therapy or anti inflammatory medications. He has also had pain medications and worn a knee brace with no pain relief; patient has been to physical therapy along with medications given	2

Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Primary symptoms: Patient with a history of disorders of bursae and tendons. Radiculitis cervical, Degenerative disc disease, tear of meniscus of righ knee, peroneal tendinitis, Osteopenia, Lupis with pain in right knee and ankle. very limited range of m; This study is being ordered for a neurological disorder.; 01/2012; There has been treatment or conservative therapy.; Patient with a history of disorders of bursae and tendons. Radiculitis cervical, Degenerative disc disease, tear of meniscus of righ knee, peroneal tendinitis, Osteopenia, Lupis with pain in right knee and ankle. very limited range of motion.; Home Exercise, LESI's	2
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Pt presents for continued left knee pain. The swelling is starting to improve but he is not able to bear much weight on his left leg. His knee is giving out on him when he tries to go up stairs or something like that. He is not able to bend his knee very ; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	1

Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	right knee pain with swelling, tenderness to palpation/ positive mcmurrays; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment 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 improvement of pain/ increase of swelling/ tenderness/ positive mcmurray/; The patient received oral analgesics.	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	SEVERITY PAIN LEVEL 10.  EFFUSION MCMURRAY LATERAL/MEDAL GUARDED. CREPITUS, JOINT INSTABILITY, JOINT LOCKING, JOINT TENDERNESS, POPPING, WEAKNESS.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; 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.; DOS 8/26/16 STARTS TODAY; NSAIDS OTC BRACE; The patient received medication other than joint injections(s) or oral analgesics.	1

Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	surgery has not been scheduled yet only if indicated by mri results; 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	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	tear of medical meniscus left knee, current injury; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Unknown	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
Unknown	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

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 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
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; Surgery is planned for within 30 days.; The study is being ordered for a pre op.	1
Unknown	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 plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with immobilization for at least 6 weeks.	1
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	15
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.; Non-acute Chronic Pain; Instability	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; 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.	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; 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
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; It is not known if 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 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
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	2

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.; 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
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; 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

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?	6
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Locking	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is taking antibiotics.	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for 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

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.	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 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 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

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

Unknown	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Unknown	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	ast 68 alt 85 aft 10.1; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Which organ is enlarged? Liver; The patient did not have an Ultrasound.	1

Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Patient has had chronic abdominal pain. EGD, Ultrasound, and Lab work were all negative.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  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	Patient presents with severe abdominal pain and vomiting; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.	2

Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	2
Unknown	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.	1
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	US with LLQ mass likely lipoma but needs further eval secondary to tenderness; 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	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
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	3 month follow up scans to evaluate known cancer of the uterus.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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

Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	ACHING, STIFFNESS, WORSENS BY MOVEMENT; This is a request for an abdomen-pelvis 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
Unknown	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.; Initial Staging 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	LEFT LOWER QUADRANT PAIN,HURTS TO WALK ON R)LEG,PELVIC REGION ON DEEP PALPATION,3 WEEKS POST PARTUM,PAIN STARTED WHEN SHE WAS 3 MOS PREGNANT,UNABLE TO TAKE PAIN MEDS,PHYSICAL THERAPY DID NOT HELP,WORSENING PELVI AND ABDOMINAL PAIN PAST DELIVERY R/O: HERN; 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	r/o appendicitis; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.	1
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.	4
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 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; mbr has abscess	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	2

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.	16
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	3
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	3
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.; 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.; colitis rule out- pancreas or gal bladder	1

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.; 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.; lower abdominal pain, recurrent, suspected hernia	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;	2
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; looking for a mass or obstruction, diarrheam epigasteric abdominal pain	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	22
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	2

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.; 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
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.; It is not known if there are new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; He also complains of a painful area of swelling just below his sternum. He first noticed this area over a year ago and is concerned that it could be a hernia. He denies nausea, vomiting or stool changes.	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 study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first 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.	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.	2
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.; Initial Staging of 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.	1
Unknown	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.;	1
Unknown	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 PRESENTED TO THE ER ON 9/12/2016 FOR ABDOMINAL PAIN UPON GETTING A CT OF THE ABDOMEN PATIENTS SPLEEN AND LIVER WERE ENLARGED. REQUESTING MRI OF ABDOMEN FOR FURTHER EVALUATION.	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 no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Liver lesion seen on ultrasound	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.; Pt had CT scan which showed lesion in the right lobe of the liver. Radiologist recommended further evaluation with MRI	1
Unknown	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
Unknown	Approval	75557 Cardiac MRI Morph & structure w/o contrast	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly.; 8/5/14; There has not been any treatment or conservative therapy.; asymptomatic	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	< 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

Unknown	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.	2
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the 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

Unknown	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.; pain located on right side of head starts around the eye and radiates to the back of head, pain in right upper chest, ribs and also has occasional stinging pain down left arm; There has been treatment or conservative therapy.; pain located on right side of head starts around the eye and radiates to the back of head, pain in right upper chest, ribs and also has occasional stinging pain down left arm; fioricet prescribed in april 2016 not helped with migraines, takes toprol	1
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	COPD, Hypertension, elevated lipids, body mass index more than 40; 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	Enter answer here - or Type pt is complaining of chest pain, shortness of breath, dyspnea, palpitations, near syncope, dizziness, and light-headedness. pt also has htn and copdIn Unknown If No Info Given.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Unknown	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.	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 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

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
Unknown	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
Unknown	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.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Unknown	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
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 NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	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 NOT a Breast MRI, CT Colonoscopy, 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

Unknown	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was NOT identified on an imaging study in the last 30 days.; 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; 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
Unknown	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan 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.; 1 PET Scans has 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.; 1 PET Scans has 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	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.	1
Unknown	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.	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; The reason for ordering this study is unknown.	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 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
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	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 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
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.	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.	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 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.	1
Unknown	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
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.	2

Unknown	Approval	S8032 Low-dose Computed Tomography 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 (S8032); No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening (S8032).; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1
Unknown	Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening		This request is for a Low Dose CT for Lung Cancer Screening (S8032); This patient has NOT had a Low Dose CT for Lung Cancer Screening (S8032) in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	2
Unknown	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

Unknown	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).; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered	1
Unknown	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	He states that these episodes have gradually become more frequent. His wife has witnessed the Syncopal episodes and states that he only loses consciousness briefly and he states that he feels fine when he regains consciousness. His wife denies seeing any ; 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 Syncope/Fainting; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered	1
Unknown	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Headaches described with symptoms that are severe. Has been treated with medication with little to no relief.; 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	NONE 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

Unknown	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	ringing and buzzing in ears; This study is being 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.; ringing and buzzing in ears	1
Unknown	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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
Unknown	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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

Unknown	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	long history of nasal obstruction with severe headaches and underdeveloped nose; 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
Unknown	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	PT HAS SWOLLEN AXILLARY LYMPHNODES AND SINUSITIS. FIRST DIAGNOSED ON 06/14/2016 NOT BETTER DESPITE TREATMENT -; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Unknown	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	R/O abscess; 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	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	PT HAS SWOLLEN AXILLARY LYMPHNODES AND SINUSITIS. FIRST DIAGNOSED ON 06/14/2016 NOT BETTER DESPITE TREATMENT -; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Unknown	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	squamous 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	Date of initial onset: Lymphadenopathy Pt is a 33 YO who reports right cervical lymphadenopathy for the past 3-4 months. She reports there can be some tenderness with touch. She reports fatigue. No other known symptoms. She has no known inciting event. Sh; This study is being ordered for Inflammatory/ Infectious Disease.; Date of initial onset: Lymphadenopathy Pt is a 33 YO who reports right cervical lymphadenopathy for the past 3-4 months. She reports there can be some tenderness with touch. She reports fatigue. No other known symptoms. She has no known inciting event. Sh; There has not been any treatment or conservative therapy.; Date of initial onset: Lymphadenopathy Pt is a 33 YO who reports right cervical lymphadenopathy for the past 3-4 months. She reports there can be some tenderness with touch. She reports fatigue. No other known symptoms. She has no known inciting event. Sh	1
Unknown	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; Stroke 1.5 yrs ago; There has been treatment or conservative therapy.; MRI Brain 12/15 writing with left hand throwing a ball cognitive issues aphasia vision changes pass out after lifting 400 lbs nausea pt had prior imaging and test in 2012 which is why the neck MRA was ordered troubling sleeping vertigo dizziness ; PT	1

Unknown	Disapproval	70547 Mr angiography neck w/o dye	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; Stroke 1.5 yrs ago; There has been treatment or conservative therapy.; MRI Brain 12/15 writing with left hand throwing a ball cognitive issues aphasia vision changes pass out after lifting 400 lbs nausea pt had prior imaging and test in 2012 which is why the neck MRA was ordered troubling sleeping vertigo dizziness ; PT	1
Unknown	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Unknown	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Unknown	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; Stroke 1.5 yrs ago; There has been treatment or conservative therapy.; MRI Brain 12/15 writing with left hand throwing a ball cognitive issues aphasia vision changes pass out after lifting 400 lbs nausea pt had prior imaging and test in 2012 which is why the neck MRA was ordered troubling sleeping vertigo dizziness ; PT	1
Unknown	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; August 2016; There has been treatment or conservative therapy.; Headache TMJ pain blurred vision. Shoulder decreased range of motion and tenderness.; Medication	1

Unknown	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Date of initial onset: Lymphadenopathy Pt is a 33 YO who reports right cervical lymphadenopathy for the past 3-4 months. She reports there can be some tenderness with touch. She reports fatigue. No other known symptoms. She has no known inciting event. Sh; This study is being ordered for Inflammatory/ Infectious Disease.; Date of initial onset: Lymphadenopathy Pt is a 33 YO who reports right cervical lymphadenopathy for the past 3-4 months. She reports there can be some tenderness with touch. She reports fatigue. No other known symptoms. She has no known inciting event. Sh; There has not been any treatment or conservative therapy.; Date of initial onset: Lymphadenopathy Pt is a 33 YO who reports right cervical lymphadenopathy for the past 3-4 months. She reports there can be some tenderness with touch. She reports fatigue. No other known symptoms. She has no known inciting event. Sh</p>	1
Unknown	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>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.</p>	1

Unknown	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Memory Loss!!; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Unknown	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAS A HISTORY OF EPILEPSY/SEIZURES AND A FAMILY HISTORY OF BRAIN ANEURYSM; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Unknown	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt is having dizziness associated with headaches.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

Unknown	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
Unknown	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
Unknown	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.	1
Unknown	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Bone scan was abnormal with uptake at L1. This is concerning for possible metastatic lesion. MRI of lumbar shows a lesion at L1 with signal abnormality at the endplate. Musculoskeletal:: Joints, Bones, and Muscles: no malalignment and limited ROM (left hi; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Check ct chest to r/o occult malignancy; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1

Unknown	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	patient has a pulmonary 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
Unknown	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	patient has had history of blood clots so we are trying to make sure this is not the same issue for the shortness of breathe and chest 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.; 2/24/2016; There has not been any treatment or conservative therapy.; Shortness of breathe and chest pain	1
Unknown	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	PT HAS SWOLLEN AXILLARY LYMPHNODES AND SINUSITIS. FIRST DIAGNOSED ON 06/14/2016 NOT BETTER DESPITE TREATMENT -; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Unknown	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Pt losing weight, muscle atrophy, anorexia; 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.; It is unknown if this patient is a smoker or has a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1

Unknown	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	squamous 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	patient has had history of blood clots so we are trying to make sure this is not the same issue for the shortness of breathe and chest 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.; 2/24/2016; There has not been any treatment or conservative therapy.; Shortness of breathe and chest pain	1
Unknown	Disapproval	71555 MRA, MRI ANGIOGRAPHY CHEST[NOT MYOCARDIUM] 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 Congenital Anomaly.; 8/5/14; There has not been any treatment or conservative therapy.; asymptomatic	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 metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	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
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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2004; There has been treatment or conservative therapy.; back pain nerve conduct test; Medication	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.;	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; back pain, pain into both legs; was given Flexeril, medrol dose pack, Nsaids, home back care exercises were given and XR of lumbar spine done.	1

Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; <Enter Additional Clinical Information>	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She said she has an old back injury that is acting up. Her neck and back are hurting. She has had spinal injections for this before. Back surgery was suggested a while back but she didn't want to do it. In order for her to be referred to the spinal team 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.; She said she has an old back injury that is acting up. Her neck and back are hurting. She has had spinal injections for this before. Back surgery was suggested a while back but she didn't want to do it. In order for her to be referred to the spinal team a; There has not been any treatment or conservative therapy.; She said she has an old back injury that is acting up. Her neck and back are hurting. She has had spinal injections for this before. Back surgery was suggested a while back but she didn't want to do it. In order for her to be referred to the spinal team a	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; 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
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.;	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Trauma or recent injury; pt had mva on 8/26/2016 has clicking sound in neck when turns neck did not have prior to mva; No, the patient does not have new or changing neurological signs or symptoms.	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This is a request for cervical spine MRI; 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

Unknown	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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
Unknown	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2004; There has been treatment or conservative therapy.; back pain nerve conduct test; Medication	1
Unknown	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has been having this pain for a while. has taken nsaid, been to pain management as well as injections. pt has radiculopathy with ongoing pain and swelling all of which limit patient mobility at times and with no relief. checking for any underlyin; This study is being ordered for a neurological disorder.; initial date unknown but has been well over a year; There has been treatment or conservative therapy.; low back pain, numbness and tingling of lower left extremities and pain; nsaid, steroid injections, pain management	1

Unknown	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient is in severe back pain with no relief from pain medication. patient taking large amounts of otc meds for the pain. has been referred to pain management with no relief thus far. with history of discectomy and fusion would like to see if any other c; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; july 2014; There has been treatment or conservative therapy.; chronic midline to lower back pain with sciatica.; pain medication, lumbar discectomy and fusion	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. >; The study requested 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 his leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Unknown	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
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. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	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 something other than: known trauma or injury, metastatic disease, a neurological 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
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 have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder 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	; The study 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
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 have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
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.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient is having 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
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.;	1

Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; back pain, pain into both legs; was given Flexeril, medrol dose pack, Nsaids, home back care exercises were given and XR of lumbar spine done.	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic back pain, back pain is not relieved by intake of Hydrocodone/APAP 5/325mg QID, Standing all day aggravates her back pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1

Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	CHRONIC BACK PAIN, PAIN WORSENING, FAILED PHYSICAL THERAPY 3 MONTHS AGO, UAMS DID XRAY FOUND SCOLIOSIS AND RECOMMENED HE GET AN MRI.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Fell out of deer stand and since then he has had chronic low back pain and cervical neck pain; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; 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

Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Lumbar spine - tenderness, Range of motion: moderate pain w/motion.; Chronic right-sided low back pain with right-sided sciatica.; Meloxicam and Flexeril. MRI of the back due to the severity of the pain and radiculopathy. for 5 months and worsening.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain in her lower back that occasionally shoots down her posterior thighs bilaterally and has "pins and needles" feeling at night x 5 years. Patient states that she used to be on Gabapentin to help with the symptoms, but this medication was stopped.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain in low back and down right leg/ occasional numbness and tingling/ tenderness along the lumbar spine on the right/ mild tenderness over the SI joint/mild tenderness over the right greater trochanter/ positive leg raise/ xrays show degenerative changes; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pain in low back and down right leg/ occasional numbness and tingling/ tenderness along the lumbar spine on the right/ mild tenderness over the SI joint/mild tenderness over the right greater trochanter/ positive leg raise/ xrays show degenerative changes; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; 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 first seen in provider office for complaint of back pain on 08/01/2016; Chief Complaints: 1. Low back pain; Musculoskeletal); Complaining of back pain x 2 weeks, started after doing some plumbing at home. Seen 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

Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has been having this pain for a while. has taken nsaid, been to pain management as well as injections. pt has radiculopathy with ongoing pain and swelling all of which limit patient mobility at times and with no relief. checking for any underlying; This study is being ordered for a neurological disorder.; initial date unknown but has been well over a year; There has been treatment or conservative therapy.; low back pain, numbness and tingling of lower left extremities and pain; nsaid, steroid injections, pain management	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient is having radiculopathy down left leg; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness associated with radiculopathy on left 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

Unknown

Disapproval

72148 MRI LUMBAR
SPINE OR LOW BACK
WITHOUT CONTRAST

Radiology Services Denied Not
Medically Necessary

patient is in severe back pain with no relief from pain medication. patient taking large amounts of otc meds for the pain. has been referred to pain management with no relief thus far. with history of discectomy and fusion would like to see if any other c; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; july 2014; There has been treatment or conservative therapy.; chronic midline to lower back pain with sciatica.; pain medication, lumbar discectomy and fusion

1

Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She said she has an old back injury that is acting up. Her neck and back are hurting. She has had spinal injections for this before. Back surgery was suggested a while back but she didn't want to do it. In order for her to be referred to the spinal team 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.; She said she has an old back injury that is acting up. Her neck and back are hurting. She has had spinal injections for this before. Back surgery was suggested a while back but she didn't want to do it. In order for her to be referred to the spinal team a; There has not been any treatment or conservative therapy.; She said she has an old back injury that is acting up. Her neck and back are hurting. She has had spinal injections for this before. Back surgery was suggested a while back but she didn't want to do it. In order for her to be referred to the spinal team a	1
Unknown	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	straining, issue with bowel movement, numbness; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Unknown	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 trauma or injury.; 12/2015; There has been treatment or conservative therapy.; ; Finished out PT doesn't know date or duration. Had an injection doesn't have date.	1

Unknown	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
Unknown	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 04/23/2016; There has been treatment or conservative therapy.; pain/ limited range of motion; ibuprofen/ rest/ heat	1
Unknown	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12/2015; There has been treatment or conservative therapy.; ; Finished out PT doesn't know date or duration. Had an injection doesn't have date.	1
Unknown	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; August 2016; There has been treatment or conservative therapy.; Headache TMJ pain blurred vision. Shoulder decreased range of motion and tenderness.; Medication	1

Unknown	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	patient is having left shoulder pain with decreased range of motion; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment 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.; tizanidine, meloxicam; The patient received medication other than joint injections(s) or oral analgesics.	1
Unknown	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Pt also has chronic back pain. Pt having tingling and numbness n intermittent in hands and fingers.; This study is being ordered for a neurological disorder.; On 12-14-15 is the first documentation in pt's chart that we have available. Pt established with us on 4-30-15.; There has been treatment or conservative therapy.; Bilateral shoulder pain; On 12-315 pt was seen by Pain Management.	2
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.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.	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.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; mbr has limited range of motion and joint popping	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 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	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.; ;	2
Unknown	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	left knee pain x 2 days; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1

Unknown	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	MRI of left knee and right knee ordered to see if he has significant cartilage problems and if so then the mri is for pre operative planning.; This study is being ordered for trauma or injury.; a year ago when he was crawling around on his knees and heard a pop and he fell over.; There has been treatment or conservative therapy.; left knee pain, right knee pain of the patella with crepitus. tenderness at the anterior inferior patella. x-rays were normal.; Physician directed Physical therapy, steroid injections, NSAIDS. Activity modification. for over eight weeks.	2
Unknown	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient fell on stairs 8/5/2016 and has had pain and swelling since. Swelling and pain noted on exam over left patella with range of motion. Unable to complete exam as patient could not tolerate due pain, unable to bear weight.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Unknown	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	The physical exam reveals that she is well-developed somewhat heavy and walks with a limp on the left. To me she has a visible valgus deformity of her knee when compared to the right. She extends fully however. Flexion is slightly restricted by pain. ; 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

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 trauma or injury.; 04/23/2016; There has been treatment or conservative therapy.; pain/ limited range of motion; ibuprofen/ rest/ heat	1
Unknown	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	patient has been having this pain for a while. has taken nsaid, been to pain management as well as injections. pt has radiculopathy with ongoing pain and swelling all of which limit patient mobility at times and with no relief. checking for any underlying; This study is being ordered for a neurological disorder.; initial date unknown but has been well over a year; There has been treatment or conservative therapy.; low back pain, numbness and tingling of lower left extremities and pain; nsaid, steroid injections, pain management	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 request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is 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

Unknown	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
Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Bone scan was abnormal with uptake at L1. This is concerning for possible metastatic lesion. MRI of lumbar shows a lesion at L1 with signal abnormality at the endplate. Musculoskeletal:: Joints, Bones, and Muscles: no malalignment and limited ROM (left hi; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	patient has a mass on left lower quadrant area; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1

Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	She does report that she has had some abdominal pain for the last 1.5 weeks. She states that the pain is in her mid abdomen, upper and lower. She also reports some diarrhea that is present and worsens with eating. She states that any pressure put on her a; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.	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; <Enter Additional Clinical Information>	1
Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient came in complaining of Right lower Abdominal pain	1

Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Chest pain that feels like squeezing off and on for 1 week. Also back pain in center of back,. Elevated blood pressure.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Chest Pain; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	COPD who was in the ICU with respiratory distress back in Jan 2016. Things has worsened since then with episodes of chest discomfort that is a tightening sensation and is associated with SOB. She has also had palpitations and unexplained symptomatic tachyc; This study is 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 - This is a tightness and given her risk factors I would recommend a Lexiscan MPS to evaluate for ischemia, This could be her COPD or given the CP that occurs with it, it could be ischemia. Will get the MPS as above and will get an echo to eva; It is not known if there has been any treatment or conservative therapy.; Chest pain, Palpitations, SOB, unexplained symptomatic tachycardia	1
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	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
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 study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1

Unknown	Disapproval	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
Unknown	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	COPD who was in the ICU with respiratory distress back in Jan 2016. Things has worsened since then with episodes of chest discomfort that is a tightening sensation and is associated with SOB. She has also had palpitations and unexplained symptomatic tachyc; This study is 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 - This is a tightness and given her risk factors I would recommend a Lexiscan MPS to evaluate for ischemia, This could be her COPD or given the CP that occurs with it, it could be ischemia. Will get the MPS as above and will get an echo to eva; It is not known if there has been any treatment or conservative therapy.; Chest pain, Palpitations, SOB, unexplained symptomatic tachycardia	1
Unknown	Disapproval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	1
Urology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST			1

Urology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	severe headaches -right kidney has a small AML; This 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
Urology	Approval	71250 CT CHEST, THORAX		2
Urology	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
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.	5
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. >NO; 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	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 not a hematologist/ oncologist.	3
Urology	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	4
Urology	Approval	71250 CT CHEST, THORAX	Bladder cancer 2015, resection of tumor, gross hematuria; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Urology	Approval	71250 CT CHEST, THORAX	Hydronephrosis with ureteral stricture, not elsewhere classified, pulmonary nodule; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering 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.	1

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	MULTIPLE 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.	2
Urology	Approval	71250 CT CHEST, THORAX	none; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Urology	Approval	71250 CT CHEST, THORAX	patient in with scrotal us showing testicular mass/consistent with testicular cancer..we need ct abd/chest/pelvis to rule out metastatic disease; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Urology	Approval	71250 CT CHEST, THORAX	prostate cancer looking for metastasis PSA of 10.5; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	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	pt needs repeated ct scans to view size and location and to check for metastatic disease to a possible rcc; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	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.	3
Urology	Approval	71250 CT CHEST, THORAX	TESTICULAR CANCER; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Urology	Approval	71250 CT CHEST, THORAX	The patient has a history of renal cell carcinoma. 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	71250 CT CHEST, THORAX	The patient was diagnosed with Stage III renal cell carcinoma on 6/15/2016. He underwent a left nephrectomy. This is his first surveillance scan since surgery; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Urology	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
Urology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	To evaluate the vessels for pre op planning, for free flap reconstruction of her breast due to breast cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Urology	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.; 6/5/2016; There has been treatment or conservative therapy.; mbr has pain in back and unable to walk properly; hot and cold compresses and medication	1
Urology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	hx prostate ca; second ca to bone (C79.51) w/back pain; 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 not a hematologist/ oncologist.	1

Urology	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.; 6/5/2016; There has been treatment or conservative therapy.; mbr has pain in back and unable to walk properly; hot and cold compresses and medication	1
Urology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	hx prostate ca; second ca to bone (C79.51) w/back pain; 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 not a hematologist/ oncologist.	1
Urology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1
Urology	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
Urology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	hx prostate ca; second ca to bone (C79.51) w/back pain; 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 not a hematologist/ oncologist.	1

Urology	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
Urology	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.	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 6 weeks of completed conservative care in the past 3 months or had a spine injection	1
Urology	Approval	72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	This is a request for a pelvis CT angiography.	1
Urology	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
Urology	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

Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST	Abscess of 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.	1
Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST	GROIN MASS; 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
Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST	HYDROCELE; 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	Neoplasm; 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
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	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
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 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	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	3
Urology	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 6/29/16; There has not been any treatment or conservative therapy.; incomplete empty of the bladder	1
Urology	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < 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
Urology	Approval	72196 MRI PELVIS	; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	2
Urology	Approval	72196 MRI PELVIS	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;	1
Urology	Approval	72196 MRI PELVIS	Enlarged prostate urinary tract symptoms; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1

Urology	Approval	72196 MRI PELVIS	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	Raised 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	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1
Urology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	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?	37
Urology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;	1
Urology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	kidney infection; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Urology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	renal cyst; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1

Urology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	The patient has a history of renal cell carcinoma. 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	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.; It is not known if this is 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.; This is not a request for initial staging of a known tumor other than prostate.; There is no known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; Yes, there has been a recent abdominal CT scan.; No, this is not a repeat of a CT of the abdomen within 6 weeks.	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.	18
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.	5
Urology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON TRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	2
Urology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON TRAST	To evaluate the vessels for pre op planning, for free flap reconstruction of her breast due to breast cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Urology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the abdomen.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		20
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; The reason for the 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	< 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
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.	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.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first 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	< 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	< Enter answer here - or Type In Unknown If No Info Given. >NO; 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	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Urology	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 not a hematologist/ oncologist.	3
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Bladder cancer 2015, resection of tumor, gross hematuria; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	CT done in April and found mass.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Hydronephrosis with ureteral stricture, not elsewhere classified, pulmonary nodule; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	none; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	patient has kidney stone, r/o METs; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	patient in with scrotal us showing testicular mass/consistent with testicular cancer..we need ct abd/chest/pelvis to rule out metastatic disease; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	patient seen in hospital over weekend with renal abcess...this needs to be re evaluated after dismissal from hospital; This is a request for an abdomen-pelvis CT combination.; This study is being requested 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
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Personal history of urinary tract infection (Z87.440). As the patient really has infections only every 3 to 4 months, that makes a antibiotic prophylaxis not a good approach. We elected to Requip for with the Macrobid prescription to self treat her self; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or 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

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	prostate cancer looking for metastasis PSA of 10.5; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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 hx of kidney stones; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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 gross hematuria and is on eliquis; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	pt needs repeated ct scans to view size and location and to check for metastatic disease to a possible rcc; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being 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	RECURRENT UTI; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	1

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	The patient was diagnosed with Stage III renal cell carcinoma on 6/15/2016. He underwent a left nephrectomy. This is his first surveillance scan since surgery; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	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.	22
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.	8

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for 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
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	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; Left flank pain	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	5
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; Abdominal distension (gaseous left flank pain and left abdomen swelling and pain	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if this is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; It is not known if this is a request for initial staging of a known tumor other than prostate.; There is 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; 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 request is for follow up for abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; It is not known if there is recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; It is not known if there are physical findings or lab results indicating an intra-abdominal bleed.; Trauma; &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.	2
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.	8
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 operative complication.; Pre-op or post op evaluation	3
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;	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; <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 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
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	196
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 unexplained weight loss of greater than 10% body weight in 1 month; Other	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;	6
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>	3
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; BLADDER ABNORMALITY	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; Diagnosed with renal mass in 05/2015.	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; During pt's recent hysterectomy, referring physician noted the following: "At the area of the trigone of the bladder, there was a white papilliform area" Otherwise the bladder lumen appeared normal."	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; Hematuria	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; Pt has hematuria and recurring UTI. Need CT to diagnose	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; Pt suffers with pain; low frequency stream and nocturia.	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; suprapubic discomfort and irritative lower urinary tract symptoms consistent with UTI, symptoms have been present for the last 5 days, symptoms are constant, has been on Bactrim by her primary care for 5 days without improvement, urine culture from 7/22/2	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; urinary tract infection, sarcoidosis	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	272
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	1

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 suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor	3
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 new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor	3
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 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 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	41

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	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 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
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.	2

Urology	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.; &lt;Enter Additional Clinical Information&gt;</p>	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.</p>	1

Urology	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
Urology	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 known tumor.; This is a request for evaluation of prostate cancer.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; It is unknown if the patient had a prior Abdomen/Pelvis CT.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	URETERIC STONE AND FLANK PAIN; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.	1
Urology	Approval	74181 MRI ABDOMEN		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.; < 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
Urology	Approval	74181 MRI ABDOMEN	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;	1
Urology	Approval	74181 MRI ABDOMEN	Possible METS Liason was found on CT on 8/4/16; 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
Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for hematuria.; The patient has painful hematuria.; The patient has not had an IVP.; Pt. had an Abd. CT showed a mass (07/07/2016).	1
Urology	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."; abdominal pain	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.;"	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. >	4
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.;" ABNORMAL CT, HEMATURIA, REF BY WILL BOWLING, PA  This is a 50-year-old white female seen for evaluation of a right renal mass. The patient had an episode of left sided flank pain and a CT was done. This disclosed a 3 centimeter mass in lower pole of t	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."; IN THE MEDIAL INTERPOLAR REGION OF THE L KIDNEY 1CM 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."; known kidney cancer that has been removed had ct of abdomen and radiologist saw something in the liver and needs a mri to better evaluate..	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."; LIVER LESION AND HEMATURIA	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 seen in clinic for gross hematuria and mild dysuria. Had a CT Abd/Pel with and without contrast on 08/05/16 that showed a nonspecific enhancing hypodensity at the right liver lobe posterior segment measures 3.7 x 2.6 cm compared to 2.9 x 2.3 cm pr	1
Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; The patient had a CT scan on 4/29 that demonstrated a small left renal mass that was indeterminate. Radiologist recommended an abdominal MRI to better classify mass before deciding treatment	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."; There are 2 low-density masses within the right adrenal gland. The density of these masses is consistent with adrenal adenomata. Due to the size of the larger mass follow-up is recommended in 6 months	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 not had an abdominal ultrasound, CT, or MR study."; pt has hx of bladder cancer no ct's since june 2016..we need mri to look at some abnormalities seen on that study of the abd and pelvic area.. looking for mets	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 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."; Renal mass	1
Urology	Approval	77084 Magnetic resonance imaging, bone marrow blood supply		1
Urology	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

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	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Urology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt. have Pituitary gland , (increased testosterone levels); 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
Urology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		1
Urology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	. Chronic back pain for about a week; 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	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

Urology	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 not been any treatment or conservative therapy.;	1
Urology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAS SEVERE AND CHRONIC BACK PAIN; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	1
Urology	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
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?	1
Urology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen CT.; This study is being ordered for a 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
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; 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	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	GROSS HEMATURIA; This is a request for an abdomen- pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were normal.	2
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	INITIAL STAGING FOR PROSTATE 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	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	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.	2

Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has kidney stones; 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	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	RECURRENT UTI; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Survelliance for Kidney Stones; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; It is not known if the urinalysis was positive for billirubin, ketones, nitrites, hematuria/blood, glucose or protein.	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the 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
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.; It is not known if there is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement;	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;	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; <Enter Additional Clinical Information>	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; HYDROCELE AND VARICOCELE	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; Pt suffers with abdominal pain; frequency in urination and IVS.	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; SCROTAL 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; URINARY TRACT INFECTIONS	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	3
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; 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
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; It is not known if this is a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; Caller does not know if there is a known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; found mass from ultrasound	1

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 Inflammatory/ Infectious Disease.; 6/29/16; There has not been any treatment or conservative therapy.; incomplete empty of the bladder	1
Urology	Disapproval	75635 CTA AA&BI ILIOFEM LXTR RS&I C- /C+ POST-PXESSING	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1
Urology	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 something other than: known trauma or injury, metastatic disease, a neurological 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
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
Vascular Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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
Vascular Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 2weeks prior; There has been treatment or conservative therapy.; carotid stenosis , tumor, trouble swallowing, headaches , dizziness, pain left side face,; antibiotics no relief	1
Vascular Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST		; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;;	1

Vascular Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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
Vascular Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 2weeks prior; There has been treatment or conservative therapy.; carotid stenosis , tumor, trouble swallowing, headaches , dizziness, pain left side face;; antibiotics no relief	1
Vascular Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;	1
Vascular Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the Neck.	6
Vascular 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.	1
Vascular Surgery	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.	1

Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	; This study is being ordered for trauma or injury.; 8/3/16; There has been treatment or conservative therapy.; s/p Tevar needs follow up post CTA to make sure everything is ok from procedure; 8/3/16- TEVAR	1
Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	; 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
Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	aneurysm in abdomen; This study is being ordered for Vascular Disease.; 02/2012; There has been treatment or conservative therapy.; no symptoms; Tevar , put a stent around aneurysm but it continued to grow	1
Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	CT angiogram to rule out aortic plaque or thrombus that caused blue toe syndrome; 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
Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	dyspahgia, right hemiparesis in face, upper extremity; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1

Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	presents with ischemia of the 5th digit on the right hand. The patient has had similar episode in the past with amputation of the distal 1st digit of this hand. The patient reportedly had issues after she had her nail cut on this finger. She reports the n; This study is being ordered for Vascular Disease.; July 2016; There has been treatment or conservative therapy.; issues after she had her nail cut on this finger. She reports the nail fell off and that she then began to have changes in the finger consistent with ischemia; patient is on a aspirin treatment therapy	1
Vascular Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1
Vascular Surgery	Approval	72198 MRA , MRI PELVIS ANGIOGRAPHY WITH/WITHOUT CONTRAST	Bilateral renal veins constitute; This study is being ordered for Vascular Disease.; 05/03/2016; There has not been any treatment or conservative therapy.; Back pain numbness weakness in the legs	1
Vascular Surgery	Approval	73206 CT ANGIOGRAPHY UPPER EXTREMITY	presents with ischemia of the 5th digit on the right hand. The patient has had similar episode in the past with amputation of the distal 1st digit of this hand. The patient reportedly had issues after she had her nail cut on this finger. She reports the n; This study is being ordered for Vascular Disease.; July 2016; There has been treatment or conservative therapy.; issues after she had her nail cut on this finger. She reports the nail fell off and that she then began to have changes in the finger consistent with ischemia; patient is on a aspirin treatment 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 not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	1

Vascular Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	1
Vascular Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON TRAST		1
Vascular Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON TRAST	; This study is being ordered for trauma or injury.; 8/3/16; There has been treatment or conservative therapy.; s/p Tevar needs follow up post CTA to make sure everything is ok from procedure; 8/3/16- TEVAR	1
Vascular Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON TRAST	aneurysm in abdomen; This study is being ordered for Vascular Disease.; 02/2012; There has been treatment or conservative therapy.; no symptoms; Tevar , put a stent around aneurysm but it continued to grow	1
Vascular Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON TRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	7
Vascular Surgery	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the abdomen.	4

Vascular Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	post opt incarcerated ventrial hernia and r colon perforation. Pt had a hernia and colon repair on 6-26-2016 and this is a follow up from surgery. Pt has a drain in and making sure there is no more fluid collection before drain is pulled.; 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
Vascular Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	she has and abcess drain tube came out and trying to evaluate if the abcess is still active and how to treat going forward; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; 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
Vascular 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
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.; The requested studies are not being ordered for known or suspected aneurysms, hematoma, or blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; There is evidence of vascular abnormality seen on plain film and/or Ultrasound/ Doppler.; Vascular disease	1
Vascular 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	3
Vascular Surgery	Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	Bilateral renal veins constitute; This study is being ordered for Vascular Disease.; 05/03/2016; There has not been any treatment or conservative therapy.; Back pain numbness weakness in the legs	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.	10
Vascular 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 another reason; The reason for ordering this study is unknown.	1

Vascular Surgery	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	presents with ischemia of the 5th digit on the right hand. The patient has had similar episode in the past with amputation of the distal 1st digit of this hand. The patient reportedly had issues after she had her nail cut on this finger. She reports the n; This study is being ordered for Vascular Disease.; July 2016; There has been treatment or conservative therapy.; issues after she had her nail cut on this finger. She reports the nail fell off and that she then began to have changes in the finger consistent with ischemia; patient is on a aspirin treatment therapy	1
Vascular Surgery	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.	1
Vascular Surgery	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	For further evaluation of a 4-4.5cm ascending thoracic aortic aneurysm.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Vascular Surgery	Disapproval	72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a pelvis CT angiography.	1
Vascular Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Diverticulitis, rectal bleeding and clots, rectal exam performed; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1