

Period	PeriodStart	PeriodEnd	spec_name	min_outcome	diag_proc	reason_for_denial	indication_offered	auth_count	Year	Quarter
7/1/2020 - 9/30/2020	7/1/2020		Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020		Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020		Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020		Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020		Advanced Practice Registered Nurse	Approval	70450 Computed tomography, head or brain; without contrast material		unknown; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020		Advanced Practice Registered Nurse	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or		"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020		Advanced Practice Registered Nurse	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020		Advanced Practice Registered Nurse	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	79-year-old patient presenting to the neurology clinic for consultation on memory/cognitive decline.;She reports that she first noticed memory decline 1 to 2 years ago and the pattern of short-term memory difficulty with retained long-term memory. He is; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are not recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; Surgery is not planned within the next 4 weeks.; An operation for shunt placement (for brain fluid drainage) is not being considered or a non-metallic shunt is not functioning correctly.; The patient has a congenital abnormality.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	since 06/11/2020; There has not been any treatment or conservative therapy.; headaches; dizziness; nausea; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	8	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	9	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; It is unknown if there are documented localizing neurologic findings.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has undergone treatment for multiple sclerosis.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	4 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	"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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	9/18/2020 5:05:09 PMJanice J Hauptman, RNReviewed caselogix questions, notes & patient history.Fax #1 20241ABA0177 9/16/2020 8:49:17 AM.new fax since md reviewed.p. 4. 9/10/2020 chest xray.lobectomy.left arm pain.no acute cardio pul disease.chr; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	abnormal xray on 09/02/2020.; It is not known if there has been any treatment or conservative therapy.; abnormal xray, shortness of breath; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	chest xray done due to partner and patient stating he has had a cough for several months and no improving, no hx of smoking did work at remington factory for many years ---- chest x-ray with an area of increased patchy opacity - near the upper sternum wi; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	Diverticulosis without evidence of acute diverticulitis.;2. Stable previously identified pulmonary nodules with new nodules;identified due to slice selection as discussed above. Recommend;follow-up in April of 2018.;3. Incidental findings as discussed; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	Patient reports cough x2-3 week after getting wet while working outside. Chronic cough for over a year; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	radiologist recommended a chest ct after xray findings; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	71250 Computed tomography, thorax; without contrast material	There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; Patient is having acute pain from a fall.; The ordering physician is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	71275 Computed tomographic angiography, chest (noncoronary),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material	clinicals faxed; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72125 Computed tomography, cervical spine; without contrast material	There are no documented clinical findings of immune system suppression.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; None of the options listed is the reason for the study.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing cervical neck pain not improving despite treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Clinicals attached and faxed; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; 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.; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Clinicals attached and faxed; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	7 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; It is not known if the study is requested for shoulder pain.; This study is being ordered for something other than recent injury, planned surgery, mass, tumor or cancer, joint infection/inflammation, post operative evaluation, or aseptic necrosis	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; 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	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; No specific duration that the caller has on patient; The patient received medication other than joint injections(s) or oral analgesics.; Meloxicam and also Norco patient has also been doing stretches and exercise on the right shoulder	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder 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 abnormal.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for post operative evaluation.; There are physical or plain film findings of delayed or failed healing.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is 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.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	This is a request for a 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Limited range of motion; Arthroscopic surgery	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Locking	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Total Knee Arthroplasty (TKA)	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is a study for a fracture which does not show healing (non-union fracture).; Non Joint is being requested.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study is ordered for something other than staging of a known tumor (not) prostate, known prostate CA with PSA> 10, abdominal mass, Retroperitoneal mass or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for 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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); GASTRIC EMPTYING STUDY WAS MILDLY ABNORMAL,6 WKS RE-EVAL. BILAT LOWER/UPPER ABD PAIN;NAUSEA,HEARTBURN AND BLOATING CONTINUED.; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are clinical findings or indications of unexplained abdominal pain in patient over 75 years of age.; Other; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; unknown; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Pt has a suspicious mass seen on CT scan	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis,	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 patient does not have a clinical risk of osteoporosis or osteopenia.; The patient is post-menopausal or estrogen deficient.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has been greater than 2 years since the surgery/procedure or last cardiac imaging.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is a physical restriction to the member's ability to exercise	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; New onset of seizures or newly identified change in seizure activity or pattern best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are NO documented neurologic findings suggesting a primary brain tumor.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Clinicals and x-rays faxed; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Clinicals faxed; There has not been any treatment or conservative therapy.; Clinicals faxed; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Vascular Disease; The ordering MDs specialty is NOT Thoracic Surgery or Vascular Surgery.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal xray - adenopathy; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has been tested for Covid-19.; The result was positive.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	HISTORY OF COPD ABNORMAL CHEST X-RAY CONSTANT DULL PAIN LOWER LUNG SPOT ON LUNGS; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	HISTORY OF COPDABNORMAL CHEST X-RAYCONSTANT DULL PAIN LOWER LUNGSPOT ON LUNGS; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Physical examination;;MUSCULOSKELETAL: perilumbar tenderness, antalgic gait, cervical tenderness, ROM decreased secondary to pain. X-ray C-Spine 09/24/2020 shows mild/moderate adjacent level disc degeneration @ C4-C5.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast	Radiology Services Denied Not Medically Necessary	back pain, spinal sethosis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	back pain, spinal setnosis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 9/27/2017; There has been treatment or conservative therapy.; back pain; PT, medication management.; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	none January 2020; There has been treatment or conservative therapy.; neck and lower back pain, right lower extremity pain.; PT, Medications.; This study is being ordered for Other	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is unable to do his daily activities due to the pain. He mentions not being able to work on cars. Patient is the one requesting the MRI's to see if there is something else 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.; Increase pain started the beginning of May 2020.; There has been treatment or conservative therapy.; Chronic pain, numbness and tingling.; Patient has been taking Hydrocodone and Ibuprofen. At the patient's last visit a steroid shot was given as well as Cyclobenzaprine.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	Pt had accident years ago and needs new MRI for Neurology; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	since 06/11/2020; There has not been any treatment or conservative therapy.; headaches; dizziness; nausea; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	unknown; 05-112020; There has been treatment or conservative therapy.; chronic bilateral back pain; medical treatment, home therapy; This study is being ordered for Other	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	abnormal xray and worsening symptoms.; May 2020; There has been treatment or conservative therapy.; Her back pain is no better, in fact she thinks it is worse, last rx did not help. She has taken some Norco and it does help. It is still in bilateral mid-lower back and then radiates down the right anterior leg. She has had some nausea and diarrhea as wel; Patient has tried anti-inflammatory, steroids, and pain medication without relief.; This study is being ordered for Other	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient has completed steroid therapy and has been taking oral analgesia, NSAIDS and home exercises but no improvement on the pain and has worsen.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Weakness on his back but not on extremities. He's having pins and needles on his upper back.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; It is not known when surgery is scheduled.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	unknown; 05-112020; There has been treatment or conservative therapy.; chronic bilateral back pain; medical treatment, home therapy; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	abnormal xray and worsening symptoms.; May 2020; There has been treatment or conservative therapy.; Her back pain is no better, in fact she thinks it is worse, last rx did not help. She has taken some Norco and it does help. It is still in bilateral mid-lower back and then radiates down the right anterior leg. She has had some nausea and diarrhea as wel; Patient has tried anti-inflammatory, steroids, and pain medication without relief.; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	CLINICAL ATTACHED; This study is being ordered for Inflammatory/ Infectious Disease.; 1/20/2020; There has been treatment or conservative therapy.; CHRONIC LEFT HIP PAIN THAT RADIATES ACROSS PELVIS AND DOWN LEFT LEG; OTC MEDICATIONS, HOMEOPATHIC REMEDIES, ORAL STEROIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Clinicals and x-rays faxed; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Clinicals faxed; There has not been any treatment or conservative therapy.; Clinicals faxed; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 9/27/2017; There has been treatment or conservative therapy.; back pain; PT, medication management.; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	none January 2020; There has been treatment or conservative therapy.; neck and lower back pain, right lower extremity pain.; PT, Medications.; This study is being ordered for Other	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is unable to do his daily activities due to the pain. He mentions not being able to work on cars. Patient is the one requesting the MRI's to see if there is something else 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.; Increase pain started the beginning of May 2020.; There has been treatment or conservative therapy.; Chronic pain, numbness and tingling.; Patient has been taking Hydrocodone and Ibuprofen. At the patient's last visit a steroid shot was given as well as Cyclobenzaprine.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	Pt had accident years ago and needs new MRI for Neurology; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Trauma or recent injury	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	10	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	unknown; 05-112020; There has been treatment or conservative therapy.; chronic bilateral back pain; medical treatment, home therapy; This study is being ordered for Other	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.; This is NOT a Medicare member.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; 7/28/20; There has been treatment or conservative therapy.; KNEE PAIN; MEDICATION AND THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with crutches for at least 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with an Ace bandage; The ordering MDs specialty is NOT Orthopedics.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	CLINICAL ATTACHED; This study is being ordered for Inflammatory/ Infectious Disease.; 1/20/2020; There has been treatment or conservative therapy.; CHRONIC LEFT HIP PAIN THAT RADIATES ACROSS PELVIS AND DOWN LEFT LEG; OTC MEDICATIONS, HOMEOPATHIC REMEDIES, ORAL STEROIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The liver is enlarged.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Vascular Disease; The ordering MDs specialty is NOT Thoracic Surgery or Vascular Surgery.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	abnormal xray on 09/02/2020.; It is not known if there has been any treatment or conservative therapy.; abnormal xray, shortness of breath; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	Pleasant 62 yo lady presents for visit. She has a h/o NCS. She hasn't had any syncope. She does have occasional lightheadedness with position changes, especially in the morning. Her BP tends to be fairly labile. She tried metoprolol from her last vis; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Advanced Practice Registered Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; It is unknown if this is a request for follow up of a known murmur.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Ambulatory/Walk-in Clinic	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has been diagnosed with known Multiple Sclerosis.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; Other causes have been ruled out.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; The patient is experiencing or presenting symptoms of radiculopathy.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72128 Computed tomography, thoracic spine; without contrast material	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72131 Computed tomography, lumbar spine; without contrast	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	3	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. 5/21/2020; There has been treatment or conservative therapy.; pain. weakness. numbness. abnormal gait.; NSAIDS. opioids. HEP. PT.; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. 08/20/2020; There has been treatment or conservative therapy.; Aching burning pain; NSAIDS, PT, HEP, injections, and icy heat treatments; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	MRI lumbar spine/MRI Cervical spine are being requested to further evaluate the patients persistent pain;as well as the more worrisome neurologic symptoms. MRI is not typically needed;prior to initiating treatment, unless there is a rapid change in cond; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; It is unknown if there are abnormal reflexes on exam	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	PATIENT HAS HAD PREVIOUS NECK SURGERY. PT IS EXPERIENCING NUMBNESS/TINGLING AND UPPER EXREMITY WEAKNESS; 08/15/2000; There has been treatment or conservative therapy.; RADICULOPATHY; MEDICATIONS;AT HOME EXERCISES; This study is being ordered for Neurological Disorder	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for a thoracic spine MRI; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Pre-Operative Evaluation; No, the last Cervical spine MRI was not performed within the past two weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this procedure is unknown.; It is unknown if any of these apply to the patient	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	3	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given;Plan: -Order Thoracic MRI - SCS leads would travel through the thoracic epidural;space;-Order Lumbar MRI- SCS leads would be inserted in the Lumbar epidural space; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; 07/08/2020; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	This is a request for a thoracic spine MRI.; "The caller indicated that there is not a known condition of: Tumor, Infection or Neurological deficits.".; The study is being ordered due to pre-operative evaluation.;	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is reflex abnormality.; Document exam findings>	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; it was had holding objects in hands	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is unknown if there is recent evidence of a thoracic spine fracture.; There is weakness.;	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	; ; There has been treatment or conservative therapy.; ; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given;Plan: -Order Thoracic MRI - SCS leads would travel through the thoracic epidural;space;-Order Lumbar MRI- SCS leads would be inserted in the Lumbar epidural space; ; There has been treatment or conservative therapy.; ; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. 5/21/2020; There has been treatment or conservative therapy.; pain. weakness. numbness. abnormal gait.; NSAIDS. opioids. HEP. PT.; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. 08/20/2020; There has been treatment or conservative therapy.; Aching burning pain; NSAIDS, PT, HEP,injections, and icy heat treatments; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	increase of pain and change of symptoms. MRI needed for neurosurgery evaluation; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	MRI lumbar spine/MRI Cervical spine are being requested to further evaluate the patients persistent pain;as well as the more worrisome neurologic symptoms. MRI is not typically needed;prior to initiating treatment, unless there is a rapid change in cond; This study is being ordered for Trauma / Injury; There are neurological deficits on physical exam; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; It is unknown if there are abnormal reflexes on exam	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The ordering doctor is requesting this study to rule out herniated nucleus pulposis, spinal stenosis, and spondylosis for radiculopathy. The patient has tried PT, Chrio and prescription meds, and he is worsening.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	11	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	6 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	14 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	32 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	26 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	72196 Magnetic resonance (eg, proton) imaging,	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Small Joint effusion; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/28/2020; There has been treatment or conservative therapy.; Pain; PT, Homer exercise, MEDS.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Locking; Surgery is being planned.; Arthroscopic surgery	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1	2020	Jul-Sep 2020	
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	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	2020	Jul-Sep 2020	
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72125 Computed tomography, cervical spine; without contrast material	ADLs/Ambulation/sleep. H/O HTN/CD-S/p cardiac stents on warfarin. Joint swelling and muscle weakness. Palpation of the lumbar facet reveals tenderness on both the sides at L3-s1 region. Patient was unable to do heel walk. The patient ; This study is being ordered for a neurological disorder.; SP C spine surgery x2 1995 and 2003- SP Left THR in 2010- Tried Norco in the past-; There has been treatment or conservative therapy.; The patient complains of ache/Pain in neck and low back. He reports onset of pain gradually over time. The pain is aching, sharp and throbbing. Worse pain is 10/10 at its least it is 6/10. Patient pain is made worse by movement, increased activity, bendin; Surgeries. Norco. Conservative treatments. SP C spine surgery x2 1995 and 2003- SP Left THR in 2010- Tried Norco in the past-; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	Radiology Services Denied Not Medically Necessary	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	ADLs/Ambulation/sleep. H/O HTN/CD-S/p cardiac stents on warfarin. Joint swelling and muscle weakness. Palpation of the lumbar facet reveals tenderness on both the sides at L3-s1 region. Patient was unable to do heel walk. The patient ; This study is being ordered for a neurological disorder.; SP C spine surgery x2 1995 and 2003- SP Left THR in 2010- Tried Norco in the past-; There has been treatment or conservative therapy.; The patient complains of ache/Pain in neck and low back. He reports onset of pain gradually over time. The pain is aching, sharp and throbbing. Worse pain is 10/10 at its least it is 6/10. Patient pain is made worse by movement, increased activity, bendin; Surgeries. Norco. Conservative treatments. SP C spine surgery x2 1995 and 2003- SP Left THR in 2010- Tried Norco in the past-; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other	3	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 07/2018; There has been treatment or conservative therapy.; Pain, burning and tingling down arms and left hand; PT, medications, insets, steroid injections; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 9/5/2019; It is not known if there has been any treatment or conservative therapy.; Migraines; This study is being ordered for Other	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	ORDERING THE CERVICAL WITHOUT CONTRAST TO RULE OUT HELMETED NUCLEUS PULPOSIS, SPINAL STENOSIS AND SPONDYLOSIS FOR RADICULOPATHY AND NECK PAIN.;ORDERING LUMBER WITHOUT CONTRAST TO RULE OUT HELMETED NUCLEUS PULPOSIS, SPINAL STENOSIS AND SPONDYLOSIS FOR R; This study is being ordered for trauma or injury.; 2005; There has not been any treatment or conservative therapy.; PATIENT HAS PAIN IN NECK/LOWER BACK. THE PAIN RADIATES TO THE LEFT THIGH, LEFT SIDED HIP, RIGHT THIGH AND RIGHT SIDED HIP. THE PAIN IS MADE WORSE BY MOVEMENT, INCREASED ACTIVITY, BENDING, LIFTING, SITTING OR STANDING FOR A LONG TIME, AND WALKING.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient does not have any of the above listed items; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	5	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	7	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	uploading clinical; This study is being ordered for a neurological disorder.; uploading clinical; There has been treatment or conservative therapy.; uploading clinical; uploading clinical; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	uploading clinical; uploading clinical; There has been treatment or conservative therapy.; uploading clinical; uploading clinical; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	;; There has been treatment or conservative therapy.; ; This study is being ordered for Other	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	;; There has been treatment or conservative therapy.; ; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 07/2018; There has been treatment or conservative therapy.; Pain, burning and tingling down arms and left hand; PT, medications, insets, steroid injections; This study is being ordered for Other	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 9/5/2019; It is not known if there has been any treatment or conservative therapy.; Migraines; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	ORDERING THE CERVICAL WITHOUT CONTRAST TO RULE OUT HELMETED NUCLEUS PULPOSIS, SPINAL STENOSIS AND SPONDYLOSIS FOR RADICULOPATHY AND NECK PAIN.;ORDERING LUMBER WITHOUT CONTRAST TO RULE OUT HELMETED NUCLEUS PULPOSIS, SPINAL STENOSIS AND SPONDYLOSIS FOR R; This study is being ordered for trauma or injury.; 2005; There has not been any treatment or conservative therapy.; PATIENT HAS PAIN IN NECK/LOWER BACK. THE PAIN RADIATES TO THE LEFT THIGH, LEFT SIDED HIP, RIGHT THIGH AND RIGHT SIDED HIP. THE PAIN IS MADE WORSE BY MOVEMENT, INCREASED ACTIVITY, BENDING, LIFTING, SITTING OR STANDING FOR A LONG TIME, AND WALKING.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PATIENT HAS HAD PREVIOUS NECK SURGERY. PT IS EXPERIENCING NUMBNESS/TINGLING AND UPPER EXREMITY WEAKNESS; 08/15/2000; There has been treatment or conservative therapy.; RADICULOPATHY; MEDICATIONS;AT HOME EXERCISES; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	27 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	6 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	7 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	uploading clinical; This study is being ordered for a neurological disorder.; uploading clinical; There has been treatment or conservative therapy.; uploading clinical; uploading clinical; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	uploading clinical; uploading clinical; There has been treatment or conservative therapy.; uploading clinical; uploading clinical; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Anesthesiology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Audiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	/p BSc PPM: implanted by Dr. Stevenson 12/6/17. here for f/u and ro rediscuss watchman after GI bleed in 2019 without found source on Cscope or EGD. normal device function. on remote monitoring. 7 years of battery life remaining. underlying rhythm is ; This study is being ordered for Vascular Disease.; /p BSc PPM: implanted by Dr. Stevenson 12/6/17. here for f/u and ro rediscuss watchman after GI bleed in 2019 without found source on Cscope or EGD. normal device function. on remote monitoring. 7 years of battery life remaining. underlying rhythm is ; There has been treatment or conservative therapy.; Carotid stenosis;dizziness; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	/p BSc PPM: implanted by Dr. Stevenson 12/6/17. here for f/u and ro rediscuss watchman after GI bleed in 2019 without found source on Cscope or EGD. normal device function. on remote monitoring. 7 years of battery life remaining. underlying rhythm is ; This study is being ordered for Vascular Disease.; /p BSc PPM: implanted by Dr. Stevenson 12/6/17. here for f/u and ro rediscuss watchman after GI bleed in 2019 without found source on Cscope or EGD. normal device function. on remote monitoring. 7 years of battery life remaining. underlying rhythm is ; There has been treatment or conservative therapy.; Carotid stenosis;dizziness; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast	Yes, this is a request for CT Angiography of the Neck.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	"The ordering physician is a surgeon, pulmonologist, or cardiologist."; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	"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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. >FAX CLINICALS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Approval	71250 Computed tomography, thorax; without contrast material	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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	let me know he had spoke with Jim the GORE rep and read over some literature that puts pt in a "gray" area of needing repair vs just continued monitoring. He is requesting that I send pt's records to a Dr. Mours; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Hepatic and bilateral renal cysts. Abdominal aortic;aneurysm slightly increased in size from previous years exam with more;thrombus along the right side of the aneurysm no significant luminal;stenosis. Stable mild probable chronic mesenteritis changes ; There has not been any treatment or conservative therapy.; Irregular ulcerated plaque with aneurysm of the thoracic aortic arch,;maximum transverse dimension about 42 mm with a focal outpouching;aneurysm or pseudoaneurysm from the lateral inferior aortic arch 12 x;18 mm or ulcerated plaque. Infrarenal abdomina; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Clinicals faxed; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are no signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s),	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Approval	73706 Computed tomographic angiography, lower extremity, with contrast	Yes, this is a request for CT Angiography of the lower extremity.	1 2020	Jul-Sep 2020
					let me know he had spoke with Jim the GORE rep and read over some literature that puts pt in a "gray" area of needing repair vs just continued monitoring. He is requesting that I send pt's records to a Dr. Mours; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Hepatic and bilateral renal cysts. Abdominal aortic;aneurysm slightly increased in size from previous years exam with more;thrombus along the right side of the aneurysm no significant luminal;stenosis. Stable mild probable chronic mesenteritis changes ; There has not been any treatment or conservative therapy.; Irregular ulcerated plaque with aneurysm of the thoracic aortic arch,;maximum transverse dimension about 42 mm with a focal outpouching;aneurysm or pseudoaneurysm from the lateral inferior aortic arch 12 x;18 mm or ulcerated plaque. Infrarenal abdomina; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or		
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with	This is a request for CT Angiography of the Abdomen and Pelvis.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Approval	74175 Computed tomographic angiography, abdomen, with contrast	Yes, this is a request for CT Angiography of the abdomen.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if	Urgent; This study is being ordered for Vascular Disease.; 08/19/2020; There has been treatment or conservative therapy.; Notes uploaded; Emergency surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Yes, this is a request for CT Angiography of the abdominal arteries.	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Impression And Plan;Disposition: I have discussed the pathophysiology of carotid arterial stenosis with this patient. I have drawn a diagram and provided a brochure regarding the problems associated with carotid arterial stenosis and with the options for; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has been greater than 2 years since the surgery/procedure or last cardiac imaging.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, quantitative or	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is a physical restriction to the member's ability to exercise	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x- ray or EKG) indicatvie of heart disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologicall y induced stress,		The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; "Patient is not clinically obese, nor has an emphysematous chest configuration."	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 4/2018; There has been treatment or conservative therapy.; not having symptoms at this time just a f/u; surgery for aortic dissection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 4/2018; There has been treatment or conservative therapy.; not having symptoms at this time just a f/u; surgery for aortic dissection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image	Radiology Services Denied Not Medically Necessary	Urgent; This study is being ordered for Vascular Disease.; 08/19/2020; There has been treatment or conservative therapy.; Notes uploaded; Emergency surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Disapproval	75571 Computed tomography, heart, without contrast material,	Radiology Services Denied Not Medically Necessary	; This is a request for a CT scan for evaluation of coronary calcification.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	I have discussed the pathophysiology of aortic valve stenosis with this patient and all present family. ;;I reviewed the general symptoms of aortic valve stenosis; specifically I mentioned shortness of breath (congestive heart failure symptoms), angina ; This study is being ordered for Vascular Disease.; This 85 year old male presents for aortic stenosis.;Mr. Slatton is an 85 year old male here for a 6 month follow up. On last visit a heart murmur was heard and an echo was ordered to assess. Echo 9/16/19 mild sclerosis of aortic valve, trace aortic regurg; There has been treatment or conservative therapy.; stenosis; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	I have discussed the pathophysiology of aortic valve stenosis with this patient and all present family. ;I reviewed the general symptoms of aortic valve stenosis; specifically I mentioned shortness of breath (congestive heart failure symptoms), angina ; This study is being ordered for Vascular Disease.; This 85 year old male presents for aortic stenosis.;Mr. Slatton is an 85 year old male here for a 6 month follow up. On last visit a heart murmur was heard and an echo was ordered to assess. Echo 9/16/19 mild sclerosis of aortic valve, trace aortic regurg; There has been treatment or conservative therapy.; stenosis; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiac Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	70450 Computed tomography, head or brain; without contrast		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	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack) with onset of symptoms less than 48 hours ago.; This is a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	. Peripheral vascular disease;Mr. Murphy is here today for follow-up. He has healed his diabetic foot ulcer. He denies any claudication symptoms or rest pain. He has more swelling than usual bilaterally. Repeat ABIs are much improved showing ABIs on; This study is being ordered for Vascular Disease.; . Peripheral vascular disease;Mr. Murphy is here today for follow-up. He has healed his diabetic foot ulcer. He denies any claudication symptoms or rest pain. He has more swelling than usual bilaterally. Repeat ABIs are much improved showing ABIs on; There has been treatment or conservative therapy.; swelling; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	CTA done in February revealed a high-grade critical lesion of his left internal carotid artery.SEE ATTACHED NOTES; This study is being ordered for Vascular Disease.; 2/17/2020; There has been treatment or conservative therapy.; This gentleman had aphasia and partial paralysis.He does have a significant history hypertension; HE HAS BEEN IN REHAB SINCE THE STROKE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	DM;Near syncopal episodes: The patient's symptoms are concerning for intracranial aneurysm. We will get a CT of the head and neck to rule out any intracranial vascular malformations.;2. Orthostatic hypotension: We will get a tilt table to evaluate f; This study is being ordered for Vascular Disease.; 01/17/2019; There has been treatment or conservative therapy.; syncope;hypertension;history of PE;fatigue; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	. Peripheral vascular disease;Mr. Murphy is here today for follow-up. He has healed his diabetic foot ulcer. He denies any claudication symptoms or rest pain. He has more swelling than usual bilaterally. Repeat ABIs are much improved showing ABIs on; This study is being ordered for Vascular Disease.; . Peripheral vascular disease;Mr. Murphy is here today for follow-up. He has healed his diabetic foot ulcer. He denies any claudication symptoms or rest pain. He has more swelling than usual bilaterally. Repeat ABIs are much improved showing ABIs on; There has been treatment or conservative therapy.; swelling; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	CTA done in February revealed a high-grade critical lesion of his left internal carotid artery.SEE ATTACHED NOTES; This study is being ordered for Vascular Disease.; 2/17/2020; There has been treatment or conservative therapy.; This gentleman had aphasia and partial paralysis.He does have a significant history hypertension; HE HAS BEEN IN REHAB SINCE THE STROKE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	DM;Near syncopal episodes: The patient's symptoms are concerning for intracranial aneurysm. We will get a CT of the head and neck to rule out any intracranial vascular malformations.;2. Orthostatic hypotension: We will get a tilt table to evaluate f; This study is being ordered for Vascular Disease.; 01/17/2019; There has been treatment or conservative therapy.; syncope;hypertension;history of PE;fatigue; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	70498 Computed tomographic angiography, neck, with contrast	Yes, this is a request for CT Angiography of the Neck.	8 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is 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 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	"The ordering physician is a surgeon, pulmonologist, or cardiologist."; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	12 mm soft mobile nontender mass over the lower chest/upper abdomen just medial to the left breast.;.Multiple nodules of lung - we will attempt to obtain the images of her 2012 CT scan. If both nodules are present on the previous scan and stable across t; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	abnormal chest xray; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	Ascending aortic aneurysm: 4.2 cm. Last CT in 2019. Repeat CT. We discussed keeping blood pressure and heart rate within goal to prevent further progression of aneurysm.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	Clinicals faxed; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	Pectus excavatum - discussed radiation risk he wants to proceed; Q67.6: Pectus excavatum; CT, CHEST, W/O CONTRAST; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	71250 Computed tomography, thorax; without contrast material	This 57 year old female presents for Chest Pain, Anxiety and Hyperlipidemia.;Betty Webster is a 57 year old female who presents to the clinic for a return appointment. ;Patient has a hx of mitral valve prolapse, depression, anxiety. ;Patient was seen b; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image	Ascending thoracic aortic aneurysmal dilatation measuring 4.4 x 4.4;cm, slightly increased in size from the prior exam.;2. Left apical posterior nodule is stable compared to the prior exam.;3. Stable liver hypodense lesions, probable cysts.; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast	Clinicals attached; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Clinicals faxed; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are no signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	doing well; bp high today, usually much better at home (C19 gauntlet @ clinic entrance); no sx. ; CTA last summer with us showed max dimension of arch @ 4 cm (was measured a LOT bigger at SMRMC at sinuses, 4.7, non-con, TEE 4.6); ; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known or Suspected Congenital Abnormality.; The abnormality is of a cardiac nature.; There is a known or suspected coarctation of the aorta.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Jeffrey Hoyt is a 51-year-old gentleman with the following problems.;;1. Bicuspid aortic valve and ascending aorta and aortic arch aneurysm status post ascending aortic graft and arch replacement and bioprosthetic aortic valve in 2009. We will repeat ; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known or Suspected Congenital Abnormality.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a 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.	5	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	25	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s),	Thoracic aortic aneurysm (TAA), known, follow up; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and	THORACIC AORTIC ANEURYSM WITHOUT RUPTURE; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and	TORTUOUS ACTATIC AORTA NOTED; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	; This study is being ordered for Congenital Anomaly.; 02/08/2005; There has been treatment or conservative therapy.; Bicuspid aortic valve with mild stenosis.; Medication- Cefprozil; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	<p>; This study is being ordered for Congenital Anomaly.; born with an unusual form of coarctation with a very high, extremely tortuous aortic arch.; There has been treatment or conservative therapy.; Congenital heart disease, known or suspected;evaluate left ventricular volume and function, aortic arch, and ascending to descending aortic conduits; She initially underwent repair of this in 1998, when the diagnosis was made, and at that time, a 14 mm ascending-to-descending aortic conduit graft and resection of the tortuous ectatic area were performed via left lateral thoracotomy. She had been follow; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	<p>Bicuspid aortic valve; This study is being ordered for Congenital Anomaly.; 01/01/1998; There has been treatment or conservative therapy.; Turner Syndrome diagnosed at birth; COA repair with ligation of teh left subclavian artery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has not been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has had 3 or fewer follow-up Cervical Spine CTs.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	72131 Computed tomography, lumbar spine;	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected vascular disease.; The ordering physician is not a surgeon or PCP who is ordering on behalf of a surgeon who has seen the patient.; There is plain film, ultrasound or Doppler evidence of a vascular abnormality.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	73700 Computed tomography, lower extremity;	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	73700 Computed tomography, lower extremity; without contrast material	UNKNOWN; This study is being ordered for Vascular Disease.; UNKNOWN; There has not been any treatment or conservative therapy.; Will pre-medicate with prednisone 50mg 13, 7, and 1 hour prior to procedure and Benadryl 50mg immediately before procedure; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	73706 Computed tomographic angiography, lower extremity, with contrast	Yes, this is a request for CT Angiography of the lower extremity.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2019; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Both CTAs are requested as part of pre TAVR eval; This study is being ordered for Vascular Disease.; August 2020; There has not been any treatment or conservative therapy.; abnormal heart rhythm, sinus bradychardia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	patient has heavily calcified and restricted leaflet motion and severe aortic stenosis and needs these exams prior to trans catheter aortic valve replacement.; This study is being ordered for Vascular Disease.; 6/6/2017; There has not been any treatment or conservative therapy.; edema, palpitations and tachycardia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with	This is a request for CT Angiography of the Abdomen and Pelvis.	10	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast	Yes, this is a request for CT Angiography of the abdomen.	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The requested studies are being ordered for known or suspected blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; Vascular disease; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	74185 Magnetic resonance angiography,	This is a request for a MR Angiogram of the abdomen.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Bicuspid aortic valve; This study is being ordered for Congenital Anomaly.; 01/01/1998; There has been treatment or conservative therapy.; Turner Syndrome diagnosed at birth; COA repair with ligation of teh left subclavian artery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	75557 Cardiac magnetic resonance	Previous MRI Cardiac performed revealed mild concentric left ventricular hypertrophy; This study is being ordered for Congenital Anomaly.; 10/26/2016; It is not known if there has been any treatment or conservative therapy.; Hypertropic cardiomyopathy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	75557 Cardiac magnetic resonance	75557 Cardiac magnetic resonance	This is a request for a heart or cardiac MRI	9 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/01/2020; It is not known if there has been any treatment or conservative therapy.; angina and sob; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2016; There has been treatment or conservative therapy.; Palpitation, dizziness, Fatigue; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	pt has persistant afib. He needs an ablation.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/02/2020; There has been treatment or conservative therapy.; AFIB! ;persistent Afib w/;weakness, tiredness, easy fatigue, shortness of breath, palpitations; DCC X 3; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology	This is a request for a Heart CT.	3	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure	; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if	1. History of exertional angina, functional class III.;2. Abnormal nuclear study with evidence of anterior and inferior ischemia.;3. Coronary artery disease risk factors include mixed hyperlipidemia, diabetes mellitus, hypertension, male gender, and ; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if	47 y.o. Caucasian male is here today for follow up for hypertension, hypertensive heart disease, pulmonary hypertension, PVD, CVD, tricuspid regurgitation, family history of CAD, smoking, and peripheral vascular disease. Patient reports episodes of preco; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including	Both CTAs are requested as part of pre TAVR eval; This study is being ordered for Vascular Disease.; August 2020; There has not been any treatment or conservative therapy.; abnormal heart rhythm, sinus bradychardia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if	Chest pain - Stress test was negative for ischemia. His chest discomfort happens at rest and not with exertion. He just had recent evaluation w/ stress test. Given his symptoms, it does not sound like unstable angina.He is at moderate risk for CAD given h; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of	chest pain; radiates to the left arm, moderate pressure; sharp, exertional; at rest. ;shortness of breath when walking.;myocardial scan was neg. last year. has more symptoms now. an echo is being done in the clinic.; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous	Ms. Davis is a 41-year-old woman in clinic today as a referral for chest pain from Dr. George. Ms. Davis states that she had chest pain well over a year. She states recently over the past few weeks it has worsened. She said she had episode of chest pai; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology,	patient has heavily calcified and restricted leaflet motion and severe aortic stenosis and needs these exams prior to trans catheter aortic valve replacement.; This study is being ordered for Vascular Disease.; 6/6/2017; There has not been any treatment or conservative therapy.; edema, palpitations and tachycardia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	patient here for evaluation of dyspnea and chest discomfort. reports having more frequent episodes of sharp chest pains that take her breath away. she has associates palpitations and fast rates.; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including	pre TAVR eval; This study is being ordered for Vascular Disease.; 6/4/2020; There has not been any treatment or conservative therapy.; chronic fatigue and chronic shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including	This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	5 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	3 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	10 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	new meds started ;Coronary arteriosclerosis s/p CABG 15 years ago. Continue ASA and Statin. Needs BB for CAD and for BP.;MPS to assess for ischemia and will get an echo to look for CHF;;- Given moderate diastolic dysfunction that is known about. Wil; This study is being ordered for Vascular Disease.; cad yrs-15 + w mi;pad at 6 mos.; There has been treatment or conservative therapy.; sob, chest pain, intermittent claudication, pulses decreased; new meds started ;Coronary arteriosclerosis s/p CABG 15 years ago. Continue ASA and Statin. Needs BB for CAD and for BP.;MPS to assess for ischemia and will get an echo to look for CHF;;- Given moderate diastolic dysfunction that is known about. Wil; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Yes, this is a request for CT Angiography of the abdominal arteries.	42 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; It is unknown if the symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if there is a physical restriction to the member's ability to exercise	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is no physical restriction to the member's ability to exercise	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is no physical restriction to the member's ability to exercise	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is no physical restriction to the member's ability to exercise	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is no physical restriction to the member's ability to exercise	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent CCTA to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has NOT been greater than 2 years since the surgery/procedure or last cardiac imaging.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for None of the above	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	; This study is being ordered for Vascular Disease.; vascular disease diagnosed several years ago; There has been treatment or conservative therapy.; shortness of breath, dyspnea on exertion, chest pain, prominent murmur on exam; pharmacological therapy and percutaneous coronary intervention; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	# Tobacco use (Z72.0);# Hip pain Pain in left hip (M25.552);# Electrocardiogram abnormal (R94.31);# Hyperlipidemia (E78.5);# Shortness of breath (R06.00);# Diabetes mellitus (E11.9);# Hypertension (I10);# Angina (I20.9);CURRENT S; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress</p>	<p>1. Atrial Fibrillation ;2. Hyperlipidemia ; ; ;History of Present Illness ;HPI: ; Recent neuro event and told he has had several small infarcts. He might have had afib(ecg at PCP) and started on Eliquis. Lots of crappy chest pain, but is qu; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,</p>	<p>1. Chest pain, rule out ischemic heart disease.;2. Marked shortness of breath, etiology unknown.;3. Stable blood pressure.;4. Abnormal EKG but unchanged.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or</p>	<p>01. Body mass index (BMI) 30.0-30.9, adult;02. Essential (primary) hypertension;03. Complete heart block;04. Chronic systolic heart failure;05. Atrial fibrillation, unspecified type;06. Coronary arteriosclerosis in native artery;07. Mixed hyperlipid; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at</p>	<p>01. Body mass index (BMI) 45.0-49.9, adult 02. Essential hypertension 03. History of DVT (deep vein thrombosis) 04. Edema, unspecified type 05. SOB (shortness of breath) on exertion 1. History of deep venous; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	01. Essential (primary) hypertension;02. Body mass index (BMI) 29.0-29.9, adult;03. Other chest pain;04. SOB (shortness of breath);05. Edema, unspecified type;06. Dizziness;07. Palpitation;1. CAD s/p stenting RCA/PDA in 2013. Cardiac cath in 2017 r; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	01. Essential hypertension;02. Atrial fibrillation, unspecified type;03. Mixed hyperlipidemia;04. Peripheral vascular disease;05. SSS (sick sinus syndrome);06. Palpitations;Sick sinus syndrome status post pacemaker patient is complaining of chest ti; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	01. Hypercholesteremia;02. GERD without esophagitis;03. Thyroid disease;04. Body mass index (BMI) 28.0-28.9, adult;05. Elevated blood-pressure reading without diagnosis of HTN;06. SOB (shortness of breath);This lady comes complaining of progressive ; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	1.Atypical chest pain;- patient with risk factors and symptoms;-has intermediate pre test probability for Cad;-will get a lexiscan as patient cannot walk;-discussed options if stress test is abnormal; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	1.Symptoms of low output with exertional dyspnea. No clear angina. Probability of multivessel coronary artery disease is high. Some claudication, rule out peripheral vascular disease.;2.Hyperlipidemia, currently well managed.;3.Ongoing tobaccoism ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	49 y.o. male with history of Essential HTN and CAD s/p MI with no intervention required who presents today for a year return; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	56-year-old white male who complains of recurrent episodes of mid precordial pressure-like chest pain located to mid precordium, nonradiating, associated with dyspnea, lasting 5 to 10 minutes, spontaneous resolution. Symptoms are randomly occurring with n; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	62-year-old white male with known severe peripheral vascular disease status post bilateral femoral-popliteal bypass using the posterior tibialis artery and embolectomy on 9/30/2017 by Dr. McCoy. Patient has done very well from this viewpoint, occasional; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>64-year-old gentleman with history of multiple medical problems and noncompliance recently admitted with acute suspected embolic CVA with hemorrhagic transformation. Was found to have uncontrolled diabetes. Echocardiogram suggest prior anterior apical i; 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 20 to 29</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress</p>	<p>74-year-old female with hypertension and hyperlipidemia who comes for follow-up.; ;1.History of recurrent shortness of breath on exertion: She underwent an MPI. The patient actually was advised for an MPI and an echo, but she did not follow through. ; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	abn ekg, cp, hypertension, smoker,; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Abnormal EKG showing inferior T wave inversions. Abnormal CT suggesting calcification of the LAD and circumflex territories.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for None of the above	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	ABNORMAL EKG, CHEST PAIN AND HEAVINESS; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	AD, per CATH on 11/16/19 that noted 100% chronic total occlusion of mid LAD, and proximal to mid RCA with 75 to 80% tubular lesion involving large caliber proximal ramus intermedius and diffuse severe disease involving diagonals and distal second obtuse; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	age, weight, and chest pain; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Allen Seigrist is a pleasant 57-year-old gentleman with the following medical problems.;1. Precordial discomfort suspicious for angina. We will go ahead and rule out ischemia with a Lexiscan. In addition, we will check an echocardiogram to assess syst; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Angina and chest Pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	Angina increasing more often. Recently diagnosed with obstructive sleep apnea. Electrocardiogram is abnormal and unable to exercise secondary to orthopedic issues.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	ANGINA; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>Based on the recommendations and guidelines from the American College of Cardiology and the American Heart Association, we are NOT DOING Treadmill stress tests due to the Covid-19 pandemic and the risk of spreading the virus with exercise in enclosed area; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>Blood pressure is not at goal. Recommend adding amlodipine 5 mg p.o. daily. Blood pressure diary for two weeks. Findings on this consultation and discussion of cardiac issues described in the list of problems were addressed, modifications of risk factors; This study is being ordered for Vascular Disease.; 07/17/2020; There has been treatment or conservative therapy.; complains of mid precordial pressure, occasionally sharp chest pain, radiating into her back, associated with dyspnea, moderate to severe in intensity, subsiding in less than 5 minutes. Spontaneous resolution. Symptoms are randomly occurring with no iden; Adding BP med; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	CAD w/ Angina, HTN, Hyperlipidemia. We will risk stratify for new or recurring ischemia with Lexiscan nuclear stress test due to chronic lower back pain with limited mobility.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	CAD w/Angina, CABG done in March 2011, having recurrent chest discomfort. HTN; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	CAD W/Angina, symptoms mimic thoses of previous angina. HTN and Hyperlipidemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has NOT been greater than 2 years since the surgery/procedure or last cardiac imaging.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	CAD WITH STENT TO LAD;;CHEST PAINS AND HEAVINESS;;DYSPNEA WITH EXERTION;;NON SPECIFIC ST WAVE ABNORMALITY ON 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 requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	CAD with worsening angina, shortness of breath and fatigue. A-Fib, HTN, and Hyperlipidemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has NOT been greater than 2 years since the surgery/procedure or last cardiac imaging.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>CAD/Angina;Patient has a history of CAD. Last intervention was 2019. He is having some chest pain and chest discomfort just like that of his previous angina. It appears in 2019 this was associated with an acute myocardial infarction. His electrocardiogram; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress</p>	<p>Cardiac clearance; given inactivity, her history and murmur noted on today's exam recommend pharm MPI and echo to rule out ischemia prior to providing clearance. ;2. CAD; hx of CABG. On ASA, statin. ;3. Hypertension; controlled. ;4. Hyperlipidemia; on Lipitor; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	CC New Referral (referred by PCP); Chest Pain (couple of episodes of chest tightness which wakes her from sleep); Dizziness (she "fainted" last night while taking a shower; she actually felt dizzy prior to getting in a shower); Edema (chronic LEE, improve; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	Chest pain - stress echo was sub optimal. we will get a lexiscan to make sure there is nothing abnormal. We can not say with 100% certainty this is not from blockage. ;;HTN- controlled. ;;sinus bradycardia-asymptomatic. cut atenolol in half 25mg dai; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is no physical restriction to the member's ability to exercise	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Chest pain and dyspnea on exertion with some typical and some atypical features in a patient with a history of hypertension and strong family history of premature CAD: Optimize medical therapy. Start aspirin 81 mg q.d. Once okay with Dr. Heim at Baptist; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Chest pain and new onset tachycardia.; This study is being ordered for Vascular Disease.; 09/09/2020; There has been treatment or conservative therapy.; Chest Pain radiating to Left arm. Worse with activity and unrelieved by rest.; Patient was seen in ER for chest pain and tachycardia. Medication was given to control BP, Heart rate and chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	chest pain, 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 study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	cHEST PAIN, UNABLE TO WALK ON TM; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	CHEST PAIN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/04/2020; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	chest pain. Note typical and atypical features. ;2. chronic systolic chf EF 30-35% per echo 4/10/2020. Maintained on BB, Entresto. Appears compensated. ;3. BLE pain with ambulation. Symptoms better with rest. denies ble wounds. ;4. S/P BIV/ICD. followe; 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 less than 20	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Chest pressure and tightness with exertion. Tiredness and fatigue. Type 2 Diabetes; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Crystal Rollins is a 29 y.o. female here for an evaluation of chest pain. Last seen in 2015. Complains of worsening sharp chest pain with shortness of breath over the past few months. Has been under a lot of emotional stress. Symptoms occur intermittentl; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Dianne Anderson is a 73 y.o. female who presents to establish care. Pt referred by Mandi Boehlen APN for complaints of Dyspnea with exertion. Pertinent history includes HLD. Other past medical history is noted below. ; ;Complains of exertional of exert; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; It is unknown if the symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is no physical restriction to the member's ability to exercise	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	e has known history of CAD s/p pci to RCA and ramus 10/30/2019. Echo 10/30/19 revealed EF 48-50%. Holter Monitor 11/12/19 showed normal sinus rhythm average 75 bpm, minimum 49 and maximum 108 beats per minutes. 12 runs of nonsustained supraventricular t; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	echocardiogram; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Elevated coronary calcium score: High risk coronary calcium score at 1414. He denies any symptoms of chest pain or shortness of breath. We discussed invasive and noninvasive approaches given his high risk score. I recommend that he undergo stress test; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>Enter answer here - or Type In Patient with complaint of chest pain. Patient has history of myocardial infarction with cardiac stent placement 10/01/2014. Patient has aortic and mitral regurgitation. Patient has complaint of shortness of breath but is als; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>Enter answer here - or Type In Unkxh of DVT/PE after knee surgery- eliquis;large PE- after knee surgery;he also had DVT;;chest pain - heaviness. consider angina. echo did not show LV dysfunction ;;shortness of breath with walking. consider angina. P; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Enter answer here - or Type In Unknown If No Info Given. The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Enter answer here - or Type In Unknown If No Info Given. The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for None of the above	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Post-operative (Cardiac Surgery, Angioplasty or stent) Evaluation; It has NOT been greater than 2 years since the surgery/procedure or last cardiac imaging.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/2020; There has not been any treatment or conservative therapy.; shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/22/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Pt. is on medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/27/2020; There has not been any treatment or conservative therapy.; angina; sob; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/22/2020; There has not been any treatment or conservative therapy.; chest pain, SOB, syncope; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; coronary disease for 4 years, angina and SOB one week ago; There has been treatment or conservative therapy.; Worse with exertion and relieved by rest; history of PPA and PTCA, medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Enter answer here - or Type In Unknown If No Info Given. >NONE; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; It is unknown if there is a physical restriction to the member's ability to exercise	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Enter answer here - or Type In Unknown If No Info Given. >none; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	Exertional Angina and shortness of breath relieved with rest. HTN, and family history of CAD.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	Exertional shortness of breath: Possible anginal equivalent and progression of coronary artery disease.;2. Status post stent placement of the RCA and circumflex in 2013.;3. Valvular disease with moderate mitral regurgitation by echocardiogram in 2017; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	He has multiple risk factors for cardiovascular disease including diabetes, obesity, hyperlipidemia, hypertension and renal insufficiency.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020 7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	He is diabetic and has severe hypertension. He has a bundle branch block.; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020 7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Here upon hospital discharge for COPD exacerbation. Echo showed mild biventricular dysfunction with mild pericardial effusion. Coronary Ca ++ noted on chest CT. She also has atypical CP, has very strong FH and just quit smoking (heavy smoker). Would get a; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	History of hypertension patient is complaining of chest pain described as sharp in nature sometimes dull not related to exertion with no radiation with shortness of breath no ischemic changes on the EKG she did have a recent echo that showed ejection frac; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	history of sick sinus syndrome post pacemaker placement; showed bigeminal pvc's on current egm and 2 monitored vt episodes longest #25, 13 beat duration.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for None of the above	1 2020	Jul-Sep 2020

<p>7/1/2020 - 9/30/2020 7/1/2020</p>	<p>Cardiology</p>	<p>Approval</p>	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>HX OF MI 03/21/2019;;Peripheral arterial occlusive disease - Onset: 06/06/2019;Pain in left lower limb - Onset: 06/13/2019;Chest pain - Onset: 08/20/2020;Pain in bilateral legs - Onset: 06/06/2019;Chronic obstructive lung disease - Onset: 03/21/2019; This study is being ordered for Vascular Disease.; 06/19:Peripheral angiogram done in 06/19 showed 100% CTO of left SFA status post atherectomy and stent and stenting of the right common iliac artery.;-Cont asa, statin and plavix.;BUT THIS IS A 6 MONTH F/U...;;chest pain;Has been complaining of CCS c; There has been treatment or conservative therapy.; CHEST PAIN; 06/19:Peripheral angiogram done in 06/19 showed 100% CTO of left SFA status post atherectomy and stent and stenting of the right common iliac artery.;-Cont asa, statin and plavix.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>
				<p>1 2020 Jul-Sep 2020</p>

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Hypertensive heart disease without heart failure; Transient Cerebral Ischemic Attack, Unspecified; Systemic Sclerosis scleroderma; PAD with recent PTA of her left superficial femoral artery with medicated balloon. She also had repeat PTA of the left supe; 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	ICM - 5/23/16 echo showed an EF of 38-40%, trace MR, trace TR, and grade II/IV diastolic dysfunction. Echo 2/22/2017 EF 40-45% with grade II/IV DD. Echo 2/6/19 - EF 37-40% with grade II/IV DD. Echo 6/16/20 - EF 25-30% (was talked to about Lifest and ; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	Impression: treadmill stress test. Inconclusive: patient did not reach target HR. No atrial or ventricular arrhythmias, no ST-T wave changes. Max SBP: 200.; This study is being 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.; CHEST PAIN; SHORTNESS OF BREATH; DIZZINESS; PALPITATIONS; SYNCOPE; TREADMILL STRESS TEST; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	ISCHEMIC HEART DISEASE/EVIDENCE OF ISCHEMIA/ SOB; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	Known CAD with new dyspnea on exertion and intermittent left arm pain and jaw and neck pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has NOT been greater than 2 years since the surgery/procedure or last cardiac imaging.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	LV FUNCTION EVAL; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It is unknown if it has been greater than 2 years since the surgery/procedure or last cardiac imaging.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Mary Jo Dartt is a 63 y.o. female who presents for a follow up for surgical clearance. Pertinent history includes HLD, HTN, DM, Mild Diastolic Dysfunction and Hx CVA. Other past medical history is noted below. ; ;Complains of severe chest pain and burni; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is no physical restriction to the member's ability to exercise	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	MEDS have not helped.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; June 24th; It is not known if there has been any treatment or conservative therapy.; Chest Pain, Shortness of breadth.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>Mr. Price is a 51-year-old man who is a referral to me by APN, Holley Shelton for chest pain. He states over the past five years he has had sclerotic episodes of chest pain. He states over the past four to six weeks they have worsened. He has two or th; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at</p>	<p>Mrs Lunninham is a 76 year old female referred for chest pain. It feels like pressure. It started about a year ago. It happens multiple times per week. It can last for several hours. No associated symptoms. It does not seem to be related to activity. No a; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is no physical restriction to the member's ability to exercise</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Mrs. Duvall comes in for annual follow-up. She has cardiac risk factors. Her blood pressure has still been elevated 150 at home. Is a lot higher than that here. She states she did have COVID over 3 weeks ago. She has had more shortness of breath with acti; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	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.; 2018; There has been treatment or conservative therapy.; Chest pain, shortness of breath; PCI/Stenting of two vessels. DVT of left leg requiring BKA of left leg.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	NA; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has NOT been greater than 2 years since the surgery/procedure or last cardiac imaging.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	nausea, fatigue; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/17/2020; There has not been any treatment or conservative therapy.; Chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	New patient chest pains last several weeks, left precordial area, at rest and exercise, associated dyspnea, lasting up 2 minutes, radiating right arm, followed fatigue, no syncope, no hypertension, hyperlipidemia, non smoker, no diabetes, no history heart; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	New patient with chest pains , left precordial, at rest and exercise, lasting at times moore 5 minutes, no radiation, with dyspnea and fatigue, daily episodes last few months, and concerned hypertension several months, with headaches, followss Dr Merritt;; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	no info given; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	none; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	None; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	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 MONTH; There has not been any treatment or conservative therapy.; exertional shortness of breath that has gotten significantly worse over the past month. She also admits to having substernal chest pain occurring with exertion. She describes the pain as a heaviness or pressure that is relieved with rest. She also state; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	none; This study is being ordered for Vascular Disease.; 09/02/2020; There has not been any treatment or conservative therapy.; chest pain, SOB, dizziness, hypertension;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	Palpitations & dizziness. Also has had 3 debilitating strokes & is confined to 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 not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	patient attempted treadmill stress echo and was unable to complete; only walking 2 minutes 35 sec and unable to reach her target heart rate. Also noted was anterolateral ST depression during recovery without wall motion abnormalities; pt still experienci; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	Patient complains of hypertension, fatigue, and shortness of breath upon exertion. Had an episode of left sided chest pain 3 weeks ago. Patient has diabetes and abnormal EKG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	Patient had an episode of severe chest pain and is having increased shortness of breath on exertion; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has NOT been greater than 2 years since the surgery/procedure or last cardiac imaging.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	patient has CAD, chest pain, dyspnea on exertion, paroxysmal atrial fibrillation, congestive heart failure, pacemaker, hypertension, hyperlipidemia and an abnormal EKG; It is not known if the patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	patient has chest pain, pulmonary hypertension, hyperlipidemia ,palpitations and diabetes. History of transient ischemic attack and ventricular premature depolarization; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	patient has class 2 angina, shortness of breath, palpitations, type 2 diabetes, body mass index of 43.89, is morbidly obese and has hyperlipidemia.; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient has continued to have mild chest pain episodes with exertion, radiates to his scapular area. Pertinent history includes: CAD s/p STEMI with PCI to RCA 6/26/2020, recurrent DVT on anticoagulation, hypertension, hyperlipidemia. SEE ATTACHED CLINICAL; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	patient has dyspnea with activity, has atypical chest pain, bradycardia, CAD, essential hypertension, dyslipidemia, and status post coronary artery stent placement; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	patient has hypertension, palpitations, diabetes, angina pectoris and family history of ASCVD. EKG showed sinus rhythm-low voltage in precordial leads-Abnormal; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress</p>	<p>patient is having leg and ankle swelling for the past couple of weeks. also complaining of pain in legs especially with walking a few ft; This study is being ordered 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.; shortness of breath. continues to get more and more short of breath with minimal activity; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional</p>	<p>Patient is here with a 1 week history of worsening angina and dyspnea on exertion with diaphoresis. She is also having rest angina. She states that her symptoms are similar reports she needed intervention back in 2019.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has NOT been greater than 2 years since the surgery/procedure or last cardiac imaging.</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	patient was only able to walk 3 min on walling treadmill due to shortness of breath; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	PATIENT WITH ABNORMAL EKG, C/O MIDSTERNAL CP THAT FEELS SAME QUALITY AS PREVIOUS MI.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has NOT been greater than 2 years since the surgery/procedure or last cardiac imaging.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient with complaint of chest pain and shortness of breath recently underwent radial left heart catheterization. Was unable to place stent at that time due to catheter stabilization and recent Lovenox injection. Case was terminated and determined patien; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Patient with dizziness, HTN, SOB, CP and lower extrem edema. Needing Myoview for evaluation; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is no physical restriction to the member's ability to exercise	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	Patient with previous RCA stent 9/2019; c/o left sided cp at rest and w/ exertion; unable to reach target HR on stress echo;;dyspnea on exertion also; 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	patient works at the sheriff office and needs cardiac clearance to be tazed as part of training.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	Patient's brother recently had MI @ 33 years of age; This study is being ordered for Vascular Disease.; UNKNOWN; There has not been any treatment or conservative therapy.; CHEST PAIN;SHORTNESS OF BREATH;DIZZINESS;PALPITATIONS;NEAR SYNCOPE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Persistent atrial fibrillation - Ms. Shirley Bryant is a 68 yr old female here today as new Ep pt for atrial fib. ;The patient recently underwent an upper endoscopy for her abdominal symptoms. The patient was found to be in atrial fibrillation and was a; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Pertinent history includes PAF on Eliquis, HTN, Mild Diastolic Dysfunction, HLD, CAD CABG 6/24/19, GERD, Bilat. Carotid Stenosis, Lung Nodules, and DM2.;Heart cath 06/21/19 severe native vessel CAD LVEF at 40 to 45 percent; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has NOT been greater than 2 years since the surgery/procedure or last cardiac imaging.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>pt continues to have chest pain and sob. has hx of cad. lhc done 2016 hx of htn, osa , hyperlipidemia and current everyday smoker. ;CAD: Had moderate one-vessel CAD diagnosed in 2016. ON COREG, STATIN;Patient has been c/o chest pain on exertion, 2/10 in; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or</p>	<p>PT HAD A ABNORMAL EXERCISE STRESS TEST SHOWING RBBB. HE IS HAVING CHEST PAIN AND SOBOE. I WILL ATTACHED THE STRESS TEST AND DR'S NOTES; 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.</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	Pt has a life vest.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	pt has typ 2 diabetes. Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs;He is being followed for mild lower extremity peripheral vascular disease;He had right hip replacement six months ago.;Hyperlipidemi; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent CCTA to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Pt have shortness of breathe , and to see if she have heart problem.; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Pt here for followup of bradycardia and cardiac pvc's. She has some discomfort in chest with palpitations. She has no energy. She has not had any syncope. She had a fall a few months ago and broke her shoulder. She has not had a cardiac workup since 2017.; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	pt w CAD and stent to RCA reporting dyspnea on minimal exertion; unable to walk TM due to severe SOB; pt also has PVD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has NOT been greater than 2 years since the surgery/procedure or last cardiac imaging.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Quality: dyspnea;Severity: mild;Duration: for few months;Onset/Timing: daily;Context: with activity;Alleviating Factors: rest;Aggravating Factors: activity;Associated Symptoms: chest pain/discomfort;she is here to have her heart checked, she was t; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is no physical restriction to the member's ability to exercise	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	R55 Syncope, near ;; I25.10 CAD (coronary artery disease) ;; E66.3 Over weight ;; E78.5 Hyperlipemia ;; I10 Hypertension ;; R42 Dizziness ;; E11.9 Diabetes mellitus; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has NOT been greater than 2 years since the surgery/procedure or last cardiac imaging.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress</p>	<p>Reason for Appointment ;1. Shortness of breath, coronary calcification ; ; ;History of Present Illness ;HPI: ; Recent CT scan showed a 4 mm ground glass opacity in the lung for which a repeat CT in 1year recommended. She also had extensive co; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>Recent hospitalization with acute on chronic combined systolic and diastolic heart failure class 3 now appears to be more class 2. ;Chronic kidney disease stage 4 (approaching stage 5) preparing for dialysis catheter implant;Systemic arterial hypertensi; 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</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	Recent onset of exertional shortness of breath: Possible anginal equivalent and progression of coronary artery disease versus secondary to hypertensive heart disease and deconditioning.;2. Moderate uncontrolled hypertension.;3. Status post STEMI and ; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Retrosternal chest pain associated with dyspnea of exercise in a patient with history of coronary artery disease and silent ischemia.;2.Hypertension: Controlled without CHF.;3.Diabetes mellitus.;4.History of melanoma: Status post anterior chest su; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Right intraventricular conduction delay. Left anterior fascicular block.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors.; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	she is having some cramping in her chest that got worse about 3 months ago but has been present for a long time. the pain just hits and takes her breath away. She states it can happen at any time. She states deep breathing helps the symptoms. Her ECG show; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; It is unknown if there is a physical restriction to the member's ability to exercise	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	SHORTNESS OF BREATH;CHEST PAIN; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is no physical restriction to the member's ability to exercise	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Sob with chest tightening on exertion; hypertension; diabetes; symptomatic palpitations; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	sob, fatigue; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>the cardiolyte stress test is ordered to rule out recurrent flow limiting stenosis with her history of coronary artery disease and worsening angina and shortness of breath. The echocardiogram was ordered to rule out cardiomyopathy or valvular cause of sh; This study is being ordered for Vascular Disease.; Patient presented with worsening symptoms 9/22/2020; There has been treatment or conservative therapy.; patient presented with substernal chest pain radiating to her jaw and shortness of breath. Patient's symptoms worsen with exertion and resolve with rest; history of PTCA/stent, pt tx now with pharmacological therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress</p>	<p>The Pt has chest pain and angina and shortness of br5eathe. Worst on exertion and calms with rest; 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.</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This 59 year old male presents for Surgical Clearance.;Mr. Marrs is a 59 y/o male that is here for a new patient referral for surgical clearance for total hip surgery. ;Patient has a hx of hypertension, hyperlipidemia, GERD and etoh abuse. ;Patient pre; This study is being ordered for Vascular Disease.; This 59 year old male presents for Surgical Clearance.;Mr. Marrs is a 59 y/o male that is here for a new patient referral for surgical clearance for total hip surgery. ;Patient has a hx of hypertension, hyperlipidemia, GERD and etoh abuse. ;Patient pre; There has not been any treatment or conservative therapy.; abn ekg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	This 60 year old male presents for CHF.;Mr Edwards is a 60 yr old male who presents for return visit. Cardiac cath 2/7/19 revealed normal coronaries. Echo 6/10/2020 revealed EF 38-40%, moderately dilated LA, and mild MR. No significant changed from echo ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	This 63 year old male presents for BP issues.;Mr Collins is a 62 year old male here today for return. Presented to AMMC on 8/11 with chest pressure and was then transferred to ST B for a STEMI, cath revealed CTO of RCA but Dr Hill reviewed and he was sch; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	This 68 year old female presents for Afib.;Ms Anglin is a 67 year old female here today for her preop visit for her afib ablation. Her device interrogation from 07/09/2020 shows some runs of nonsustained atrial fibrillation. She is currently on Sotalol 8; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	This 72 year old female presents for Chest Pain, Dyspnea and Palpitations.;Ms Tribble is a 72 yr old female who presents for return visit. History of hypertension and hyperlipidemia. Echo 3/18/19 revealed EF 55-60% . Carotid us 3/18/19 revealed RICA 50-6; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a history of Coronary Artery Bypass Surgery (CABG); The last Myocardial Perfusion Imaging procedure was performed greater than 12 months	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known revascularization by insertion of a stent; The vessel that had the stent inserted is Right Coronary Artery	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a Body Mass Index (BMI) greater than 40; The last Myocardial Perfusion Imaging procedure was performed greater than 12 months; Agree; The ordering MDs specialty is Cardiology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	43 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	18 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	This 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 40 or greater	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	7 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the study is requested for suspected or known coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	6 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	21 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This is for a preoperative evaluation of a non cardiac surgery involving general anesthesia; This study is being ordered for Preoperative evaluation of a non cardiac surgery involving general anesthesia	10 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has been greater than 2 years since the surgery/procedure or last cardiac imaging.	63 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; It is unknown if the symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is a physical restriction to the member's ability to exercise	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is a physical restriction to the member's ability to exercise	75 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is a physical restriction to the member's ability to exercise	54	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)</p>	<p>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5-6 months ago; There has not been any treatment or conservative therapy.; non-radiating left-sided chest pain described pressure that can occur while he is at rest or with exertion, lasting a few minutes, relieved with deep breathing. He reports nausea associated with the chest pain; complains of shortness of breath while at r; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress</p>	<p>typical atrial flutter: symptomatic, referred for afib eval, today is in sinus rhythm, and per my review pretest stress test EKG dated 4/27/20 at 8:45am shows typical flutter w/variable AV block and RVR rate 137bpm. (-F waves inf leads, +V1 with transitio; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	UNKNOWN; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	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 requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1-28-2015; There has been treatment or conservative therapy.; shortness of breath, chest pain and palpitations, hypertension, hyperlipademia; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Weakness, Shortness of Breath, Chest pain;Location: chest;Quality: burning;Severity: moderate;Duration: lasts minutes;Onset/Timing: occurs weekly;Context: exertional;Alleviating Factors: relieved with rest;Associated Symptoms: dizziness;chest pai; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	will fax clinicals if 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.; 7/28/2020; There has been treatment or conservative therapy.; shortness breath nausea vomiting chest pressure; patient takes aspirin and has had an ekg and also has nitroglycerin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	will fax; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for None of the above	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	WILL FAX; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; WEAKNESS; BACK PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic),	This is a request for a MUGA scan.; This study is being ordered for 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 had a recent MI.;	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus	This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; The patient has recently been diagnosed with and/or treated for congestive heart failure.; The patient has not had a previous MUGA scan.; The patient is presenting new cardiac signs or symptoms.; The patient has not had a recent MI.; There are documented clinical findings consistent with a valve disease.;	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic),	This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; There are EKG findings consistent with cardiomyopathy or myocarditis.;	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus	This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; There are EKG findings consistent with cardiomyopathy or myocarditis.; PATIENT WITH KNOWN CHF AND CARDIOMYOPATHY.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without	This is a request for a MUGA scan.; This study is being ordered for 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.; HX OF CAD	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 4-6 months since the last echocardiogram.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for Congenital Anomaly.; 07/11/1995; There has been treatment or conservative therapy.; Coarctation of aorta;VSD;Residual coarctation with no symptoms; HX of repaired Coarctation of aorta and VSD who also has a bicuspid aortic valve; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for Congenital Anomaly.; 08/20/1998; There has been treatment or conservative therapy.; Truncus arteriosus;Arrhythmia/Structural disease; Surgical procedure-Cardiac valve replacement-12/03/2014;Conduit Replacement-10/12/2005; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	# Cardiovascular stress test abnormal (R94.39);# Obesity (E66.9);# Shortness of breath (R06.00);# Hypothyroidism (E03.9);# Hyperlipidemia (E78.5);# Hypertension (I10);# Atrial fibrillation (I48.91);# Angina (I20.9);# MPI findings d; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	1. Chronic atrial fibrillation.;2. Nephrolithiasis with a retained stone in her ureter.;3. History of recent cerebrovascular accident in 2019.;4. History of DVTs as well as pulmonary embolus.;5. Morbid obesity.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	1. Coronary artery disease status post PCI, free of angina. ;2. Left bundle-branch block, old.;3. Hypertension, poor control. ;4. Chronic systolic congestive heart failure, compensated with mild-to-moderate aortic insufficiency. ;5. Exertional dy; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>1. Hypertension, uncontrolled. He reports he is allergic to Coreg and amlodipine, but he is able to tolerate metoprolol. We will start him on hydralazine 25 mg twice a day. We will check an echocardiogram to assess systolic and diastolic function.;2.; 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</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>1. Hypertension;2. Hyperlipidemia;3. Diabetes mellitus;4. Lower extremity edema; 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</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>1. Lower extremity edema. We will switch the patient from amlodipine to Maxzide. We will check an echocardiogram and chemistries. ;2. Dizziness. We will check a Zio monitor and TSH. ;3. Hypertension. Switch from amlodipine to Maxzide. ;4. Hyp; 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</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>1. Morbid obesity with BMI of 74. ;2. Untreated sleep apnea.;3. Stable blood pressure.;4. Hyperlipidemia, on medical therapy.;5. Marked dyspnea and shortness of breath.;6. History of pulmonary embolus. ;7. GERD.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020 7/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>1. Normal functioning St. Jude's prosthetic aortic valve placed for endocarditis.;2. Stable blood pressure at home.;3. Hyperlipidemia, on medical therapy.;4. Therapeutic INR.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has NOT been at least 12 months since the last echocardiogram was performed.; The patient is NOT experiencing new or changing symptoms related heart valves.</p>	1 2020 Jul-Sep 2020
7/1/2020 - 9/30/2020 7/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>1. Peripheral edema, controlled with furosemide.;2. Exertional dyspnea with chest discomfort: Resolved and Lexiscan Cardiolute stress test was negative.;3. Hypertension.;4. Ambulatory pain in the lower extremities possibly indicative of claudicati; 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</p>	1 2020 Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	1. Paroxysmal atrial fibrillation (CHA2DS2-VASc score = 2; currently taking Xarelto);2. Palpitations;3. TIA/CVA left thalamic (subcentimeter; June 2020);4. Shortness of breath; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	93 yr/old pt c/o SOB, she has been sitting around taking naps often. hx htn, hyperlipidemia,Paroxysmal atrial fibrillation, Cardiac pacemaker in situ, Diastolic heart failure; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	abnormal EKG, Risk factors for 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.; ; It is not known if there has been any treatment or conservative therapy.; edema, SOB.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	ABNORMAL EKG CHEST PAIN SOB; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/10/2020; There has not been any treatment or conservative therapy.; CHEST PAIN ON EXERTION W/ARM AND SHOULDER PAIN SOB ABNORMAL EKG; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Annual Follow-up with the cardiologist. HX TGA; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	ASHD, Dyspnea, syncopal episode and HTN; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Chest pain and new onset tachycardia.; This study is being ordered for Vascular Disease.; 09/09/2020; There has been treatment or conservative therapy.; Chest Pain radiating to Left arm. Worse with activity and unrelieved by rest.; Patient was seen in ER for chest pain and tachycardia. Medication was given to control BP, Heart rate and chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	CHEST PAIN WITH EXERTION AND AT REST THAT RADIATES UNDER HER LEFT ARM.4/10 INTENSITY. HX HTN, A-FIB;NO HX OF CAD BUT DOES HAVE FM HX-FATHER MI, DIES AT 92, MOTHER HTN-ALIVE 98; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	CHEST PAIN; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Congenital Heart Dx patient; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Coractation of aorta and congenital stenosis; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Dan Black is a 68 y.o. male who presents for a cardiac clearance. Patient of Dr. Acharya in our clinic. Pertinent history includes Nonischemic cardiomyopathy in setting of atrial fibrillation RVR, paroxysmal atrial fibrillation, possible OSA. Other past m; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Dizziness and near syncope; This study is being ordered for Vascular Disease.; 06/22/2020; There has not been any treatment or conservative therapy.; Chest pain, shortness of breath and palpitations; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Double outlet right ventricular and Coarctation of aorta; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/2020; There has not been any treatment or conservative therapy.; shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 05 04 2020; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Essential (primary) hypertension Default Primary Admitting Discharge Other Secondary i25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris; This study is being 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.; Essential (primary) hypertension Default Primary Admitting Discharge Other Secondary i25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	EVALUATION OF LV FUNCTION; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	FAXING CLINICALS; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	followup of his spongiform cardiomyopathy. He also has a chromosomal abnormality in the form of a 1p36 deletion. He has multiple abnormalities associated with this chromosomal defect. He was recognized early in life to have reduced left ventricular fun; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph	Heart disease, Truncus Arteriosus; Pulmonary valve anomalies; Heart Valve replacement; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler	heart transplant will fax additional clinical/upload; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	localized edema; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Mitral valve disorder, Aortic root dilation; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Mr Mosley is here for his one year follow up for hypertension. Mr Mosley reports that he has been doing well heart wise. He had surgery on his left arm since last visit.;Echo (EF 0.55 (55%), Mild aortic regurgitation) - 8/26/2014; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>Ms. Williams is a 55 year old AA female with a chronic past medical history of hypertension, hyperlipidemia, and diabetes, referred for cardiac evaluation. She says that she is retired but spends her days chasing after two young grandchildren. She is abl; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; SHORTNESS OF BREATH; FATIGUE; HYPERTENSION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>new meds started ;Coronary arteriosclerosis s/p CABG 15 years ago. Continue ASA and Statin. Needs BB for CAD and for BP.;MPS to assess for ischemia and will get an echo to look for CHF;;- Given moderate diastolic dysfunction that is known about. Wil; This study is being ordered for Vascular Disease.; cad yrs-15 + w mi;pad at 6 mos.; There has been treatment or conservative therapy.; sob, chest pain, intermittent claudication, pulses decreased; new meds started ;Coronary arteriosclerosis s/p CABG 15 years ago. Continue ASA and Statin. Needs BB for CAD and for BP.;MPS to assess for ischemia and will get an echo to look for CHF;;- Given moderate diastolic dysfunction that is known about. Wil; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	none; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Noted to have rare PACs and PVCs.;1 episode of asymptomatic, non-significant supraventricular tachycardia consisting of 3 beats at 118 bpm.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	past medical history of hypertension, GERD, migraines, anxiety, obesity, and tobacco dependence. She has been referred by Dr. Redman for palpitations. She presents today with complaints of heart flutters x 1 year. The episodes are triggered by the supi; This study is being ordered for Vascular Disease.; 1 YEAR AGO; There has not been any treatment or conservative therapy.; CHEST PAIN; PALPITATIONS; SHORTNESS OF BREATH; LOWER EXTREMITY EDEMA; DIZZINESS; TIRED AND WEAK; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	patient been having worsening shortness of breath; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	Patient has aortic valve replacement and mitral valve regurgitation - patient has shortness of breath.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 10 - 11 months since the last echocardiogram.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	patient is having leg and ankle swelling for the past couple of weeks. also complaining of pain in legs especially with walking a few ft; This study is being ordered 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.; shortness of breath. continues to get more and more short of breath with minimal activity; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	Physician requested repeat echo at 6 months to monitor MR. Last echo was in Jan of 2020.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 7-9 months since the last echocardiogram.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	PLAN: The patient was advised smoking cessation. The patient has chest pain symptoms that appeared rather atypical. Treadmill stress test is recommended for evaluation of any possible ischemic etiology. The patient was advised referral to EP tertiary ; This study is being ordered for Vascular Disease.; 05/31/2017; There has been treatment or conservative therapy.; dizziness;afib;palpitations; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Pt hx of heart disease; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Reports over the past 13 years having syncopal episodes. She has experienced 4 episodes over this time period. The episodes start with numbness in both arms, followed by dizziness then she passes out; reoccurring seizures in her sleep which the latest ; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler</p>	<p>Routine Follow-up on congenital heart disease; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>chest pain for last 4-5 weeks which she describes as pressure-like and burning at times in center of her chest radiating up to her jaw. It lasts for 15-20 minutes and has no aggravating or relieving factors. It is 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.; 6 WEEKS AGO; There has been treatment or conservative therapy.; chest pressure and pain; and dyspnea on exertion;Will order stress test to rule out ischemia.;Need echocardiogram to evaluate for EF and diastolic function.; EKG which was normal. X-ray chest showed mild cardiomegaly, troponins were negative. history of hypertension, on losartan. Blood pressure generally good control. She also takes 81 mg aspirin daily.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	SOB happens with ADLs such as showering, putting shoes on, etc. Pt states he has recently put on 30+ lbs since having hip surgery in February 2019. SOB is sometimes accompanied with dizziness, such as "when talking too much without taking a breath."; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Structural Disease, Subaortic stenosis; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiograph	Surveillance for heart disease; This study is being ordered for Congenital Anomaly.; 04/18/2018; It is not known if there has been any treatment or conservative therapy.; Family history of cardiomyopathy - ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	The patient exhibits good insight to her medical issues and has previously completed ICR and has also stopped smoking. She continues to exercise several times a week with no concerning symptoms. We would like to proceed with a cardio wellness and risk eva; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This 59 year old male presents for Surgical Clearance.;Mr. Marrs is a 59 y/o male that is here for a new patient referral for surgical clearance for total hip surgery. ;Patient has a hx of hypertension, hyperlipidemia, GERD and etoh abuse. ;Patient pre; This study is being ordered for Vascular Disease.; This 59 year old male presents for Surgical Clearance.;Mr. Marrs is a 59 y/o male that is here for a new patient referral for surgical clearance for total hip surgery. ;Patient has a hx of hypertension, hyperlipidemia, GERD and etoh abuse. ;Patient pre; There has not been any treatment or conservative therapy.; abn ekg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	3 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; 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	6 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	11	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an evaluation of new or changing symptoms of valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected valve disease.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is 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.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	5 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	11 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	23 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	5	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has abnormal heart sounds	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	28 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a pericardial disease.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	7 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	10 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	13 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	36 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	7 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed.	12 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	38 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	107 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.	8 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	71 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status.	10 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	10 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	7 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	5 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	58 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	131 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	8 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	41 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	23 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	312 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has NOT been at least 24 months since the last echocardiogram was performed.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	385 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This very nice 82-year-old woman comes in today for assessment. She was recently in our localHypertension emergency room with complaints of elevated blood pressure. ER staff noted concerns about some dyspnea on exertion and an abnormal EKG. We reviewed he; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	Type 2 diabetes mellitus without complications; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Unknown; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/6/20; There has not been any treatment or conservative therapy.; SUBSTERNAL CHEST PAIN . SYNCOPEID; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	unknown; This study is being ordered for Vascular Disease.; 06/01/2020; There has been treatment or conservative therapy.; patient is having shortness of breath on exertion and chest pain; patient has had medication for mild cad; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Yearly evaluation of his congenital heart defect.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation		1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2016; There has been treatment or conservative therapy.; Palpitation, dizziness, Fatigue; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement,	Had a stroke , and has PFO; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	pt has persistant afib. He needs an ablation.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/02/2020; There has been treatment or conservative therapy.; AFIB! ;persistent Afib w/;weakness, tiredness, easy fatigue, shortness of breath, palpitations; DCC X 3; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested after a completed NON diagnostic transthoracic echocardiogram.; The patient is 18 years of age or older.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	30 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of persistent fever in a patient with any intracardiac devise (artificial valve, pacemaker, ASD closure device etc).; The patient is 18 years of age or older.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.; The patient is 18 years of age or older.	7 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for pre-operative evaluation of mitral valve regurgitation; The patient is 18 years of age or older.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	This is a 56-year-old woman who is evaluated today in the clinic. She has a history of diastolic congestive heart failure. She was hospitalized in March 2020 with shortness of breath and Charcot joint in her right foot with ulcerations. She had an echo; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac device or completed NON diagnostic TTE.; The patient is 18 years of age or older.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe	unknown; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac device or completed NON diagnostic TTE.; The patient is 18 years of age or older.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle	Dizziness and near syncope; This study is being ordered for Vascular Disease.; 06/22/2020; There has not been any treatment or conservative therapy.; Chest pain, shortness of breath and palpitations; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/01/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	Sinus bradycardia Abnormal EKG; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is not being ordered for: CAD, post MI evaluation, or as a pre/post operative evaluation.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or	The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient had a recent non-nuclear stress test.; 1. Dyspnea ;2. Coronary Artery Disease ;; He gets SOB if he walks 1 to 1.5 blocks, but he doesn't have typical angina. He doesn't use tobacco. BP runs 120s at home.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using	The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and	The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for known Coronary Artery Disease.; This patient had a previous cardiac surgery or angioplasty.	6 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using	The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for known Coronary Artery Disease.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using	The patient is presenting new symptoms of chest pain or significant EKG changes.; "The patient has not had a nuclear cardiology study since surgery, angioplasty, stent or MI."; The patient has not had a stress echocardiogram since surgery.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for a Post Myocardial Infarction Evaluation.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress,</p>	<p>The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; "Patient is not clinically obese, nor has an emphysematous chest configuration."</p>	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using</p>	<p>The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.</p>	18	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	<p>93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;</p>	<p>The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; Mr. Swanson is an 85 y.o. male with h/o Bladder cancer s/p chemo, CAD (1986) s/p CABG (LIMA to LAD), and HTN here for f/u appt for Dr. Paixao. ; On last visit stable. States that he has been having episodes of chest pain associated with SOB at rest; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; This patient is clinically obese or has an emphysematous chest configuration.</p>	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress,	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; "Patient is not clinically obese, nor has an emphysematous chest configuration."	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress,	The patient is 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.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; "Patient is not clinically obese, nor has an emphysematous chest configuration."	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient is female.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; "Patient is not clinically obese, nor has an emphysematous chest configuration."	4 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular	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.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and	This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	12 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	155 2020	Jul-Sep 2020	
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This is a request for a Stress Echocardiogram.; To evaluate a suspected cardiac mass.; The member does not have known or suspected coronary artery disease	1 2020	Jul-Sep 2020	
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease	4 2020	Jul-Sep 2020	
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacological y induced stress, with	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/6/20; There has not been any treatment or conservative therapy.; SUBSTERNAL CHEST PAIN . SYNCOPEID; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020	
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	recently In hospital for the problem CTA small pulmonary embolism; This study is being ordered for Vascular Disease.; 05/01/2019; There has not been any treatment or conservative therapy.; chest pain arm pain on exertion short of breath palpitations; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	70498 Computed tomographic angiography, neck, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	01. Cardiac pacemaker;02. SSS (sick sinus syndrome);03. SVT (supraventricular tachycardia);1. SSS with symptomatic bradycardia, SVT. He is s/p implantation of ABT DC PPM on 11/6/17 for av synchrony by Dr. Nair. Device is followed on Merlin.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2019; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Patient with known aneurysm of the thoracic aorta that on last evaluation 6 to 8 years ago measured somewhere between 4.4 to 4.6 cm. Patient is a diabetic, has hypertension and hyperlipidemia, He is also a smoker.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Thoracic aorta aneurysm; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Lower hip pain; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/01/2020; It is not known if there has been any treatment or conservative therapy.; angina and sob; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	recently In hospital for the problem CTA small pulmonary embolism; This study is being ordered for Vascular Disease.; 05/01/2019; There has not been any treatment or conservative therapy.; chest pain arm pain on exertion short of breath palpitations; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Congenital Anomaly.; 02/08/2005; There has been treatment or conservative therapy.; Bicuspid aortic valve with mild stenosis.; Medication- Cefprozil; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Congenital Anomaly.; born with an unusual form of coarctation with a very high, extremely tortuous aortic arch.; There has been treatment or conservative therapy.; Congenital heart disease, known or suspected;evaluate left ventricular volume and function, aortic arch, and ascending to descending aortic conduits; She initially underwent repair of this in 1998, when the diagnosis was made, and at that time, a 14 mm ascending-to-descending aortic conduit graft and resection of the tortuous ectatic area were performed via left lateral thoracotomy. She had been follow; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	75557 Cardiac magnetic resonance	Radiology Services Denied Not Medically Necessary	This is a request for a heart or cardiac MRI	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material,	Radiology Services Denied Not Medically Necessary	; This is a request for a CT scan for evaluation of coronary calcification.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	42 yo female with Htn and HLD here for CP.; For the past month c/o chest pain. Substernal radiating behind her left breast. Pressure. Sharp. Moderate. Lasting for hours. Not worse with exertion. Associated with fatigue.; Recently seen at OSH; This is a request for a CT scan for evaluation of coronary calcification.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	imaging EG-shows: Sinus Rhythm Low voltage in precordial leads. -Left axis. - Decreasing R-wave progression -may be secondary to pulmonary disease consider old anterior infarct. - Nonspecific T-abnormality.; This is a request for a CT scan for evaluation of coronary calcification.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	Mr. Hughes comes in for initial evaluation. He evidently had a little bit of edema and high blood pressure in early June. He went at that time secondary to family history of diabetes and wanted to be screened. He was put on amlodipine. He now has more edema; This is a request for a CT scan for evaluation of coronary calcification.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	Patient has h/o of HTN and DM who presents with chest pain/pressure with radiation to left arm over the past few weeks. Also c/o dizziness with position changes that sound orthostatic in nature.; Since, RSE (06/03/2020) Negative stress echo for ischemia.; This is a request for a CT scan for evaluation of coronary calcification.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of	Radiology Services Denied Not Medically Necessary	Patient is here today for cardiac evaluation. She has hypertension and complains of chest pain and shortness of breath.; This is a request for a CT scan for evaluation of coronary calcification.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	patient presents with shortness of breath the past few months that lasts 5-10 minutes. Patient also has abnormal ECG-negative t-waves (possible for inferior ischemia) and hyperlipidemia.; This is a request for a CT scan for evaluation of coronary calcification.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology	Radiology Services Denied Not Medically Necessary	This is a request for a Heart CT.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of	Radiology Services Denied Not Medically Necessary	- Having PBC in the heart -Looking for electrical issue of the heart; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/24/2020; There has not been any treatment or conservative therapy.; CHEST PAIN;SHORTNESS OF BREATH;DIZZY SPELLS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of	Radiology Services Denied Not Medically Necessary	complaints of chest tightness with palpitations, associated shortness of breath, and intermittent nausea, we will schedule her for CTA of the coronaries.; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology,	Radiology Services Denied Not Medically Necessary	Old anterior myocardial infarction. Nonspecific ST-T wave changes in anterior leads.; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	13 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	7 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary		1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	Radiology Services Denied Not Medically Necessary	; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	Radiology Services Denied Not Medically Necessary	; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	Radiology Services Denied Not Medically Necessary	; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is no physical restriction to the member's ability to exercise	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	; This 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.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has NOT been greater than 2 years since the surgery/procedure or last cardiac imaging.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	Radiology Services Denied Not Medically Necessary	; This study is being ordered 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.; Mr. Jones is seen for followup of chest pain via telehealth visit. He had cardiac surgery in 2013 for a hole in his heart at St. Anthony's in St. Louis, Missouri. He has had some chest pain described as a pushing on his chest. He states it started a co; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	; This study is being 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.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; Chest PAin, SOB, Fatigue and dizziness, history of htn and tobacco use; Maximal Medical Management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	Radiology Services Denied Not Medically Necessary	1. Chest pain. The patient states she developed chest pain several times a week that radiates to her left axillary area. No aggravating or alleviating factors are noted. She does have EKG changes in her inferior leads with T-wave abnormalities. Discu; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	1. Coronary artery disease status post PCI to LAD, now with possible unstable angina despite negative cardiac catheterizations.;2. Symptomatic palpitations with documented tachycardia.;3. Exertional dyspnea with marked fatigue. LV function is unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	1. Recurrent exertional chest discomfort for the past several weeks, likely indicative of angina, as the patient is at intermittent risk for coronary artery disease.;2. Pain and edema in the lower extremities.;3. Hypertension.;4. Tobacco abuse.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	Radiology Services Denied Not Medically Necessary	1. Syncopal episode in patient at intermediate risk for having coronary artery disease, likely indicative of angina.;2. Chronic obstructive pulmonary disease.;3. Gastroesophageal reflux disease.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.;; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	40-year-old white female who over the last 4 to 6 months has been experiencing recurrent episodes of mid precordial pressure-like chest pain, occasionally radiating into her back, moderate to severe in intensity, lasting less than 5 minutes, no other asso; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	Radiology Services Denied Not Medically Necessary	42-year-old white female who presents complaining of recurrent episodes of mid precordial chest tightness, nonradiating, associated with dyspnea, lasting 2 to 3 minutes, spontaneous resolution. Symptoms are randomly occurring with no identifiable precipit; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Radiology Services Denied Not Medically Necessary	47-year-old white male who presents with recurrent episodes of sharp mid precordial chest pain, nonradiating, associated with dyspnea, severe in intensity, lasting less than 5 minutes, spontaneous resolution. Patient has had at least 3 severe prolonged e; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	Radiology Services Denied Not Medically Necessary	63-year-old white female who experiences dyspnea on mild to moderate exertion, moderate in intensity, subsiding within 2 to 3 minutes post exercise cessation. Patient describes no other associated symptoms. The only means to avoid such is to prevent this ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	AAA (abdominal aortic aneurysm)/ Endovascular AAA repair with Ovation IX and percutaneous closure of femoral arteries 6/5/18 Dr E J Chauvin; Type 2 diabetes mellitus without complication; HTN, goal below 130/80; Obesity (BMI 30.0-34.9); Coronary artery di; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	abnormal EKG, Risk factors for 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.; ; It is not known if there has been any treatment or conservative therapy.; edema, SOB.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	ABNORMAL EKG CHEST PAIN SOB; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/10/2020; There has not been any treatment or conservative therapy.; CHEST PAIN ON EXERTION W/ARM AND SHOULDER PAIN SOB ABNORMAL EKG; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); at rest or stress (exercise or	Radiology Services Denied Not Medically Necessary	amily history of CHF and would like a cardiac work up. She reports having intermittent episodes of dull left sided chest pain that can also be in the substernal chest area.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; FATIGUE; EDEMA; HYPERTENSION;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Radiology Services Denied Not Medically Necessary	ANUREYSUM; DUE TO PANDEMIC TREADMILL TEST WAS VOIDED; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	ASHD with angina, CHF, history of stents; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	Brenda Reed is a 62 y.o.female; Brenda Reed is a 62 year old female with past medical history of GERD and HTN. She presents today as a new patient/ office consult at the request of Dr. Charles Ball to establish care and for the evaluation of SOB and edem; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	CAD W/ ANGINA/ SYNCOPE/HTN/; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Radiology Services Denied Not Medically Necessary	CAD with Angina, Greater than 2yrs since last cardiac intervention, new cardiac symptoms including dyspnea on exertion and exertional angina.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	Radiology Services Denied Not Medically Necessary	CAD with stent to LAD;hypertension;dyslipidemia;chest pain below left scapula radiation to his side occurs at rest and exertion;;dyspnea;;bmi 31;;smokes 1ppd for 35yr; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	cad; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	Chest pain (R07.9);# Shortness of breath (R06.00);# Palpitations - rapid (R00.2);# Chronic congestive heart failure (I50.9);# Hypertensive heart disease (I11.9);# Hypertension (I10); chronic congestive heart failure. In the last visit on 2; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	Radiology Services Denied Not Medically Necessary	chest pain nausea headache radiated up into her neck relieved with nitro;;hx paroxysmal atrial fibrillation;;hx lichen simplex chronicus ;;hx thrombocytosis; 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 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	Radiology Services Denied Not Medically Necessary	CHEST PAIN RADIATES TO LEFT NECK AND LEFT SHOULDER. PALPITATIONS AND T-WAVE CHANGES ON EKG; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	Radiology Services Denied Not Medically Necessary	chest pain relieved w/ nitro;;hypertension;smoked 1/2 packs cigarettes/day;;ekg: sinus tachycardia poor R wave;progression anteriorly; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	Radiology Services Denied Not Medically Necessary	Chest pain, hyperlipidemia and prediabetic -- request nm stress to evaluate 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 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	Radiology Services Denied Not Medically Necessary	CHEST PAIN, SOB HX OF MILD CAD, Myocardial bridge of coronary artery.HTN-170-100 TODAY.shortness of breath when walking and breath when lying down; and chest pain on exertion.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	CHEST PAIN/ SOB/; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Chest pain/Dyspnea- echocardiogram ordered to evaluate structure and function of heart. Stress test ordered to evaluate for ischemia. She will add low dose daily ASA. We will obtain recent labs from pcp.; This study is being ordered for Vascular Disease.; 08/01/2020; There has not been any treatment or conservative therapy.; PMH includes COPD and HTN. She reports intermittent exertional chest pain and dyspnea. She describes the chest pain as a tightness that is nagging. She denies any radiating pain. She is unable to describe how long the symptoms last. She states it som; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Radiology Services Denied Not Medically Necessary	Classic Angina, Type 2 Diabetes, 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	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	Radiology Services Denied Not Medically Necessary	Complains of DOE with mild activity, worsening over a couple of months. States she had dyspnea walking in from the parking lot today. States she has had palpitations in the night lately, thinks she had an episode of A fib.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	Radiology Services Denied Not Medically Necessary	Coronary artery calcium score 837. Chest pain, chronic, high prob 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	Coronary Artery Disease and CAD History; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	dizziness and passing out.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	ECHO suggests moderate to severe aortic sclerosis without any significant stenosis or regurgitation. This is considered risk factor for CAD. Other risk factors include HTN, Hyperlipidemia and DM2. Patient with dyspnea with mild exertion. I will schedule f; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; It is unknown if the symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is no physical restriction to the member's ability to exercise	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Radiology Services Denied Not Medically Necessary	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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/24/2020; There has not been any treatment or conservative therapy.; palpitations and syncope; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >FAX CLINICALS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >fax clinicals; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No IPatient is a 39-year-old female who is referred here for chest pain, shortness of breath and uncontrolled hypertension.;;She has history of hypertension for many years uncontrolled. She is currently started ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	fatigue; chest tightness and dyspnea with exertion; history of lupus and breast cancer with radiation; hyperlipidemia; hypertension; BMI 32; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for None of the above	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	Follow-up for essential hypertension, smoking, family history of coronary artery disease, history of hepatitis C. Patient developed heart palpitations which he describes as a fluttering sensation lasting a few seconds at a time and a sensation of skipping; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	Radiology Services Denied Not Medically Necessary	having chest pain short of breath, she was recently diagnose pneumonia, she was tested for COVID was negative.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	HEART FAILURE/ HTN/ CHEST DISCOMFORT/; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Radiology Services Denied Not Medically Necessary	HX CAD WITH CHEST PAIN, PALPITATIONS AND SOB. HAS HAD CATH AND STENT 2018. HX OF DIABETES, HTN, HYPERLIPIDEMIA AND CURRENT SMOKER; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	Radiology Services Denied Not Medically Necessary	HX OF CHEST PAIN; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	Radiology Services Denied Not Medically Necessary	intermediate coronary syndrome acute anemia question etiology hypertension strong family hx cad first degree relatives; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	Radiology Services Denied Not Medically Necessary	Kevin Conway is a 65 y.o. male who presents for an initial encounter and problem visit. Pertinent history includes CVD with hx of TIA, hyperlipidemia, GERD, Barrett's esophagus, migraines, depression, rheumatic fever, scarlet fever. Quit smoking 1987 Hx ; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	Lisa M Powell is a 56 y.o.female.;Ms Powell is here with concerns of having chest pains over the last couple of months. Ms Powell has some left arm tingling. Ms Powell has some dizziness and shortness of breath on exertion. She does feel her heart fl; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	Radiology Services Denied Not Medically Necessary	Location: chest; radiates to the jaw;Quality: pressure;Severity: moderate;Duration: lasts hours;Onset/Timing: occurs daily;Context: exertional; at rest;Alleviating Factors: nothing gives relief;Aggravating Factors: worse with activity;Associated S; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	mid precordial pressure-like chest pain, radiating to his left arm and jaw, associated with dyspnea, nausea and diaphoresis, moderate to severe in intensity, lasting 5 to 10 minutes, spontaneous resolution. Symptoms are randomly occurring with no identifi; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Mr. Dunn is a 51 year old African American male with a chronic past medical history of hypertension and obesity, referred for cardiac evaluation. Patient reports that when he is exerting himself even with daily activities that his heart rate becomes eleva; This study is being 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; PALPITATIONS; HEART BURN; HYPERTENSION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Mr. Vanveckhoven is a 64 year old Caucasian male with a chronic past medical history of hypertension, diabetes, and morbid obesity, referred for cardiac evaluation. He presents to the office today with complaints of occasional shortness of breath and chr; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; SHORTNESS OF BREATH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Ms. Green is a 33 year old BW with a past medical history of DM Type II, hypertension, RA and obesity. The last time she was in the office was March 2017. She is here today for a check up prior to gastric sleeve surgery and is needing a cardiac clearanc; This study is being 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.; OBESITY; HYPERTENSION; DIABETES; SINUS TACHYCARDIA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	Radiology Services Denied Not Medically Necessary	Ms. Ingle comes in today for annual follow up visit. She has history of CAD s/p PCI, PPM, HLP and hypothyroidism. Her device is followed by Dr. Beau. BP is adequately controlled. EKG shows AV paced rhythm. Echo last year demonstrated EF 45-50%, diastolic ; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is no physical restriction to the member's ability to exercise	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Ms. Ward is a 44 y/o WF with h/o CAD s/p PCI (2018-AHH-LAD), HTN, and HLP, here today for follow up. She says that she has been having shortness of breath with minimal exertion. This has just started over the past few months. She says that she just fee; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; FEW MONTHS AGO; There has not been any treatment or conservative therapy.; SHORTNESS OF BREATH; CHEST PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	medical history of CAD s/p PCI x 3 (Last stent placement 02/2020, and also previously in August 2019) TIA, dyslipidemia, DM with neuropathy, anxiety, depression, bipolar, and manic depression. She has been refer; This study is 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 been treatment or conservative therapy.; he patient suffers from chronic angina and states over the past two weeks this has worsened. She describes the pain as a pressure in the left side of her chest and states the pain will occasionally radiate to her left shoulder. The chest pain is occasio; She can take a nitroglycerin which can make it better;;;Guideline directed medical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	Radiology Services Denied Not Medically Necessary	murmur, CAD; This study is being ordered for Congenital Anomaly.; ; There has not been any treatment or conservative therapy.; chest pain, shortness of breath, high blood pressure, adema, high hdl; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	n/a This study is being ordered for Vascular Disease.; 8/24/2020; There has not been any treatment or conservative therapy.; chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	Radiology Services Denied Not Medically Necessary	n/a; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, quantitative or	Radiology Services Denied Not Medically Necessary	n/a; This study is being ordered for Vascular Disease.; 8/17/2020; There has been treatment or conservative therapy.; Angina and shortness of breath.; Meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, quantitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	Need further evaluation of heart function. Pt has known CAD; This study is being ordered for Vascular Disease.; Has had CP, SOB and Fatigue for about two weeks.; There has been treatment or conservative therapy.; Chest Pain, Shortness of Breath, Fatigue, Palpitations; Medical Management;History of CAD with stents; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	New patient with chest pains , left precordial, at rest and exercise, lasting at times moore 5 minutes, no radiation, with dyspnea and fatigue, daily episodes last few months, and concerned hypertension several months, with headaches, followss Dr Merritt;; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	None; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	none; This study is being 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, dyspnea; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Radiology Services Denied Not Medically Necessary	paroxysmal a-fib, dyspnea, cp, palpa,; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Radiology Services Denied Not Medically Necessary	past medical history of hypertension, GERD, migraines, anxiety, obesity, and tobacco dependence. She has been referred by Dr. Redman for palpitations. She presents today with complaints of heart flutters x 1 year. The episodes are triggered by the supi; This study is being ordered for Vascular Disease.; 1 YEAR AGO; There has not been any treatment or conservative therapy.; CHEST PAIN; PALPITATIONS; SHORTNESS OF BREATH; LOWER EXTREMITY EDEMA; DIZZINESS; TIRED AND WEAK; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	Patient has abnormal ekg with rbbb and is at risk for cad. we are not doing treadmill stress tests in the office at this time due to corona virus and the risk of the patient being on the treadmill without a mask, excessive breathing, and being in close co; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Radiology Services Denied Not Medically Necessary	Patient has an right amputated foot; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient has been c/o chest pain on exertion, 4/10 in intensity, gets better at rest.;Will get Nuclear stress test and 2d echo to evaluate for ischemia.;R07.9: Chest pain, unspecified;CHEST PAIN: CARE INSTRUCTIONS;NM, MYOCARDIAL PERFUSION SCAN, MULTIPL; This study is 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 ON 06/04/2020; There has been treatment or conservative therapy.; Patient states that she woke up with CP and pressure one night 3 weeks ago and that it lasted for 2.5 hours and that it radiated across her whole chest and back. She states that the pain did not go down her arms. She has not had any CP since but the next ; BP MED STARTED , EEG ON 07/23/2020 WHICH WAS NL; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	Patient has been referred today for syncopal episode on fathers day. He passed out after drinking and smoking marijuana. He had no palpitations. He states he has some chest pain with dyspnea on exertion. This was not related to the syncope. This is mo; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	Radiology Services Denied Not Medically Necessary	Patient having angina, and found to have cardiomyopathy, unable to walk on TM due to foot problems; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Radiology Services Denied Not Medically Necessary	Patient having episodes of chest pain. Echo showed decrease in EF and abnormal ECG; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	Radiology Services Denied Not Medically Necessary	Patient presents to clinic with chest pain. Has history of hyperlipidemia, hypertension, obesity, and a history of coronary artery disease with a coronary artery bypass graft X 2 in 2018.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	patient recently had a heart cath has an aneurysm is 4.5 cm-we are requesting results on both.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	Radiology Services Denied Not Medically Necessary	Patient with a complaint of substernal chest pain. Patient cannot walk on a treadmill due to knee replacement, rotator cuff repair, right wrist fracture, and DDD/DJD.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	Patient with a family history of coronary artery disease. Patient has known hyperlipidemia, Type II diabetes mellitus, COPD, and tobacco usage. Patient has complaint of substernal chest pain that worsens with activity. Patient also has complaint of bilate; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Radiology Services Denied Not Medically Necessary	Patient with known CAD with stents, Hx of HTN, Hyperlipidemia, Tobacco use and family history of heart disease; This study is being ordered for Vascular Disease.; 07/2020; There has been treatment or conservative therapy.; Chest Pain, Shortness of Breath, Fatigue; medication management for control of HTN, Hyperlipidemia, and blood thinners to reduce the risk of thrombosis in coronary artery stents; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	Radiology Services Denied Not Medically Necessary	PLAN: The patient was advised smoking cessation. The patient has chest pain symptoms that appeared rather atypical. Treadmill stress test is recommended for evaluation of any possible ischemic etiology. The patient was advised referral to EP tertiary ; This study is being ordered for Vascular Disease.; 05/31/2017; There has been treatment or conservative therapy.; dizziness;afib;palpitations; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	Pressure like upper chest pain radiating to the upper back and exertional dyspnea for several months. Current every day smoker.;; Tobacco use ;Electrocardiogram abnormal Hyperlipidemia ; Shortness of breath ; Diabetes mellitus ; 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 20 to 29	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	previous test for stress testing with Dr. Schrader was never done. Pt is having substernal chest pain that is sharp and radiating. It occurs when exerting and there are no relieving factors. She has palpitations, fatigue, shortness of breath, fatigue and ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	pt continues to have chest pressure and SOB, abnormal ekg, Coronary arteriosclerosis - NSTEMI S/P PCI to the LCx, OM and RPL. She is having some chest heaviness and SOB.;- Continue with DAPT, high-intensity statin and BB. Also hx of Diastolic heart fail; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Radiology Services Denied Not Medically Necessary	Pt has known CAD with prior stenting has new onset of chest pain and SOB, HTN,; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	Radiology Services Denied Not Medically Necessary	Pt here for followup of hypertension and dyslipidemia. She is having a cramping in her chest. It occurs daily. She denies any syncope. She is on propranolol therapy for her palpitations. She has diabetes as well.; 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 requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	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.; 08/01/2020; There has not been any treatment or conservative therapy.; Chest Pain, SOB, Edema; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	R07.9: Chest pain, unspecified;CHEST PAIN;; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	Reason for Appointment ;1. Coronary Artery Disease ; ; ;History of Present Illness ;HPI: ; Mrs. Rockett is here today for echo and ultrasound results. He went to the ER at MCSA two weeks ago with nausea, headache, vomiting and UTI. He is aw; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Reason For Visit;Cardiology-RFV: The patient is being seen for a routine clinic follow-up . Reason for visit: chest pain and hypertension. ; ;History of Present Illness;Cardiac Medical Surgical History: ;Patient has a history of ASHD (CAD), with myoc; 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	Roger is seen for cardiac evaluation due to chest pain. He is a 51-year-old cigarette smoker with hypertension, hyperlipidemia, and an extremely positive family history of premature coronary disease in multiple first degree relatives who recently has had; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Radiology Services Denied Not Medically Necessary	SEE UPLOADED CLINICALS; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest pain for last 4-5 weeks which she describes as pressure-like and burning at times in center of her chest radiating up to her jaw. It lasts for 15-20 minutes and has no aggravating or relieving factors. It is 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.; 6 WEEKS AGO; There has been treatment or conservative therapy.; chest pressure and pain; and dyspnea on exertion;Will order stress test to rule out ischemia.;Need echocardiogram to evaluate for EF and diastolic function.; EKG which was normal. X-ray chest showed mild cardiomegaly, troponins were negative. history of hypertension, on losartan. Blood pressure generally good control. She also takes 81 mg aspirin daily.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Radiology Services Denied Not Medically Necessary	SOB w/ exertion, unable to exercise due to this; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	Radiology Services Denied Not Medically Necessary	Started on heparin drip;Echo revealed EF 60-65%, mild MR, mild TR, grade I DD;Cath revealed mild nonocclusive coronary disease, believe troponin elevation likely secondary to strain ;D-Dimer checked, negative; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	This 58 year old female presents for Est Care d/t Family History, HLD and Hypothyroidism.;Ms. Crabtree is a 58 year old female presenting today as a new patient to est care d/t family hx.;Known history of Hyperlipidemia and hypothyroidism. ;Patient pre; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	Radiology Services Denied Not Medically Necessary	This is a chronic problem. The current episode started more than 1 year ago. The onset quality is sudden. The problem occurs intermittently. The problem has been unchanged. The pain is present in the substernal region and lateral region. The pain is moder; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent CCTA to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known revascularization by insertion of a stent; The revascularization did NOT include insertion of a stent in the left main coronary artery	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the study is requested for suspected or known coronary artery disease.; The member has known or suspected coronary artery disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	4	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for evaluation of the heart prior to non cardiac surgery.	8 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for known or suspected cardiac septal defect.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for known or suspected valve disorders.	32 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Type 2 diabetes mellitus without complications;Hypertensive heart disease without heart failure;just mild central lobular emphysema;Shortness of breath on the basis of COPD;Past history of tachycardia;Diabetes with diabetic retinopathy; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/10/2020; There has been treatment or conservative therapy.; Chest pain Heart Murmur; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Vascular Disease.; 06/01/2020; There has been treatment or conservative therapy.; patient is having shortness of breath on exertion and chest pain; patient has had medication for mild cad; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	Unkown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	uploading clinical; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	WILL FAX CLINICALS IF 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.; JUNE 2020; There has not been any treatment or conservative therapy.; substernal chest pain that radiates into her neck and back, described as pressure, occurring with exertion, relieved with rest or with a pain pill, lasting approximately 10 minutes. diaphoresis associated with the chest pain; exertional shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	WILL FAX CLINICALS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; CHEST PAIN; MEDICALLY MANAGED; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	will upload clinicals; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Radiology Services Denied Not Medically Necessary	Worsening palpitations and has multiple risk factors for CAD.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Radiology Services Denied Not Medically Necessary	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Radiology Services Denied Not Medically Necessary	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; Mr. Jones is seen for followup of chest pain via telehealth visit. He had cardiac surgery in 2013 for a hole in his heart at St. Anthony's in St. Louis, Missouri. He has had some chest pain described as a pushing on his chest. He states it started a co; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/24/2020; There has not been any treatment or conservative therapy.; CHEST PAIN;SHORTNESS OF BREATH;DIZZY SPELLS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; unknown; There has been treatment or conservative therapy.; Chest PAin, SOB, Fatigue and dizziness, history of htn and tobacco use; Maximal Medical Management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	amily history of CHF and would like a cardiac work up. She reports having intermittent episodes of dull left sided chest pain that can also be in the substernal chest area.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; FATIGUE; EDEMA; HYPERTENSION;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	ANGINA; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Blood pressure is not at goal. Recommend adding amlodipine 5 mg p.o. daily. Blood pressure diary for two weeks. Findings on this consultation and discussion of cardiac issues described in the list of problems were addressed, modifications of risk factors; This study is being ordered for Vascular Disease.; 07/17/2020; There has been treatment or conservative therapy.; complains of mid precordial pressure, occasionally sharp chest pain, radiating into her back, associated with dyspnea, moderate to severe in intensity, subsiding in less than 5 minutes. Spontaneous resolution. Symptoms are randomly occurring with no iden; Adding BP med; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	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.; 09/04/2020; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Chest pain/Dyspnea- echocardiogram ordered to evaluate structure and function of heart. Stress test ordered to evaluate for ischemia. She will add low dose daily ASA. We will obtain recent labs from pcp.; This study is being ordered for Vascular Disease.; 08/01/2020; There has not been any treatment or conservative therapy.; PMH includes COPD and HTN. She reports intermittent exertional chest pain and dyspnea. She describes the chest pain as a tightness that is nagging. She denies any radiating pain. She is unable to describe how long the symptoms last. She states it som; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/01/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/22/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Pt. is on medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/27/2020; There has not been any treatment or conservative therapy.; angina; sob; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/22/2020; There has not been any treatment or conservative therapy.; chest pain, sob, syncope; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/24/2020; There has not been any treatment or conservative therapy.; palpitations and syncope; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; coronary disease for 4 years, angina and SOB one week ago; There has been treatment or conservative therapy.; Worse with exertion and relieved by rest; history of PPA and PTCA, medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >FAX CLINICALS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	HX OF MI 03/21/2019;;Peripheral arterial occlusive disease - Onset: 06/06/2019;Pain in left lower limb - Onset: 06/13/2019;Chest pain - Onset: 08/20/2020;Pain in bilateral legs - Onset: 06/06/2019;Chronic obstructive lung disease - Onset: 03/21/2019; This study is being ordered for Vascular Disease.; 06/19:Peripheral angiogram done in 06/19 showed 100% CTO of left SFA status post atherectomy and stent and stenting of the right common iliac artery.;-Cont asa, statin and plavix.;BUT THIS IS A 6 MONTH F/U...;;chest pain;Has been complaining of CCS c; There has been treatment or conservative therapy.; CHEST PAIN; 06/19:Peripheral angiogram done in 06/19 showed 100% CTO of left SFA status post atherectomy and stent and stenting of the right common iliac artery.;-Cont asa, statin and plavix.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Impression: treadmill stress test. Inconclusive: patient did not reach target HR. No atrial or ventricular arrhythmias, no ST-T wave changes. Max SBP: 200.; This study is being 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.; CHEST PAIN; SHORTNESS OF BREATH; DIZZINESS; PALPITATIONS; SYNCOPE; TREADMILL STRESS TEST; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	Jenada Ellis is a 81 y.o. female who presents for a follow up. Pertinent history includes HTN, HLD, LVH, OSA on CPAP, GERD, and Hypothyroidism. Other past medical history is noted below.; ;Denies chest pain, SOB, dizziness lightheadedness, palpitations ; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	MEDS have not helped.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; June 24th; It is not known if there has been any treatment or conservative therapy.; Chest Pain, Shortness of breadth,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	Radiology Services Denied Not Medically Necessary	<p>Mr. Dunn is a 51 year old African American male with a chronic past medical history of hypertension and obesity, referred for cardiac evaluation. Patient reports that when he is exerting himself even with daily activities that his heart rate becomes elevated; This study is being 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; PALPITATIONS; HEART BURN; HYPERTENSION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	Radiology Services Denied Not Medically Necessary	<p>Mr. Vanveckhoven is a 64 year old Caucasian male with a chronic past medical history of hypertension, diabetes, and morbid obesity, referred for cardiac evaluation. He presents to the office today with complaints of occasional shortness of breath and chest; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; SHORTNESS OF BREATH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	Radiology Services Denied Not Medically Necessary	<p>Ms. Green is a 33 year old BW with a past medical history of DM Type II, hypertension, RA and obesity. The last time she was in the office was March 2017. She is here today for a check up prior to gastric sleeve surgery and is needing a cardiac clearanc; This study is being 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.; OBESITY; HYPERTENSION; DIABETES; SINUS TACHYCARDIA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	Radiology Services Denied Not Medically Necessary	<p>Ms. Ward is a 44 y/o WF with h/o CAD s/p PCI (2018-AHH-LAD), HTN, and HLP, here today for follow up. She says that she has been having shortness of breath with minimal exertion. This has just started over the past few months. She says that she just fee; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; FEW MONTHS AGO; There has not been any treatment or conservative therapy.; SHORTNESS OF BREATH; CHEST PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	medical history of CAD s/p PCI x 3 (Last stent placement 02/2020, and also previously in August 2019) TIA, dyslipidemia, DM with neuropathy, anxiety, depression, bipolar, and manic depression. She has been refer; This study is 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 been treatment or conservative therapy.; he patient suffers from chronic angina and states over the past two weeks this has worsened. She describes the pain as a pressure in the left side of her chest and states the pain will occasionally radiate to her left shoulder. The chest pain is occasio; She can take a nitroglycerin which can make it better;;;Guideline directed medical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	murmur, CAD; This study is being ordered for Congenital Anomaly.; ; There has not been any treatment or conservative therapy.; chest pain, shortness of breath, high blood pressure, adema, high hdl; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	Radiology Services Denied Not Medically Necessary	n/a This study is being ordered for Vascular Disease.; 8/24/2020; There has not been any treatment or conservative therapy.; chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2018; There has been treatment or conservative therapy.; Chest pain, shortness of breath; PCI/Stenting of two vessels. DVT of left leg requiring BKA of left leg.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Radiology Services Denied Not Medically Necessary	n/a; This study is being ordered for Vascular Disease.; 8/17/2020; There has been treatment or conservative therapy.; Angina and shortness of breath.; Meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	nausea, fatigue; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/17/2020; There has not been any treatment or conservative therapy.; Chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Need further evaluation of heart function. Pt has known CAD; This study is being ordered for Vascular Disease.; Has had CP, SOB and Fatigue for about two weeks.; There has been treatment or conservative therapy.; Chest Pain, Shortness of Breath, Fatigue, Palpitations; Medical Management;History of CAD with stents; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	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 MONTH; There has not been any treatment or conservative therapy.; exertional shortness of breath that has gotten significantly worse over the past month. She also admits to having substernal chest pain occurring with exertion. She describes the pain as a heaviness or pressure that is relieved with rest. She also state; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; chest pain, dyspnea; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for Vascular Disease.; 09/02/2020; There has not been any treatment or conservative therapy.; chest pain, SOB, dizziness, hypertension,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Paroxysmal Atrial Fibrillation.; Pertinent history includes: LV systolic dysfunction (LVEF by MUGA scan was 43% in May 2017); This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Patient has been c/o chest pain on exertion, 4/10 in intensity, gets better at rest.;Will get Nuclear stress test and 2d echo to evaluate for ischemia.;R07.9: Chest pain, unspecified;CHEST PAIN: CARE INSTRUCTIONS;NM, MYOCARDIAL PERFUSION SCAN, MULTIPLE; This study is 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 ON 06/04/2020; There has been treatment or conservative therapy.; Patient states that she woke up with CP and pressure one night 3 weeks ago and that it lasted for 2.5 hours and that it radiated across her whole chest and back. She states that the pain did not go down her arms. She has not had any CP since but the next ; BP MED STARTED , EEG ON 07/23/2020 WHICH WAS NL; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Patient has known coronary artery bypass graft occlusion, and;automatic implantable cardiac defibrillator in situ. Last Echo was done May 17, 2018 for evaluation. thank you!; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Patient with known CAD with stents, Hx of HTN, Hyperlipidemia, Tobacco use and family history of heart disease; This study is being ordered for Vascular Disease.; 07/2020; There has been treatment or conservative therapy.; Chest Pain, Shortness of Breath, Fatigue; medication management for control of HTN, Hyperlipidemia, and blood thinners to reduce the risk of thrombosis in coronary artery stents; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Patient's brother recently had MI @ 33 years of age; This study is being ordered for Vascular Disease.; UNKNOWN; There has not been any treatment or conservative therapy.; CHEST PAIN;SHORTNESS OF BREATH;DIZZINESS;PALPITATIONS;NEAR SYNCOPE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	R/O CAD; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/01/2020; There has not been any treatment or conservative therapy.; Chest Pain, SOB, Edema; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; 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	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has abnormal heart sounds	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.;; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.;; The patient has suspected prolapsed mitral valve.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.;; This is an annual review of known valve disease.; It has been 10 - 11 months since the last echocardiogram.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.;; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.;; This is an evaluation of new or changing symptoms of valve disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.;; This is an initial evaluation of suspected valve disease.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	20 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	5 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5-6 months ago; There has not been any treatment or conservative therapy.; non-radiating left-sided chest pain described pressure that can occur while he is at rest or with exertion, lasting a few minutes, relieved with deep breathing. He reports nausea associated with the chest pain; complains of shortness of breath while at r; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/10/2020; There has been treatment or conservative therapy.; Chest pain Heart Murmur; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Radiology Services Denied Not Medically Necessary	will fax; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	will fax clinicals if 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.; 7/28/2020; There has been treatment or conservative therapy.; shortness breath nausea vomiting chest pressure; patient takes aspirin and has had an ekg and also has nitroglycerin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	WILL FAX CLINICALS IF 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.; JUNE 2020; There has not been any treatment or conservative therapy.; substernal chest pain that radiates into her neck and back, described as pressure, occurring with exertion, relieved with rest or with a pain pill, lasting approximately 10 minutes. diaphoresis associated with the chest pain; exertional shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	WILL FAX CLINICALS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; CHEST PAIN; MEDICALLY MANAGED; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	Radiology Services Denied Not Medically Necessary	will fax; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Radiology Services Denied Not Medically Necessary	will fax; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	WILL FAX; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has not been any treatment or conservative therapy.; CHEST PAIN; SHORTNESS OF BREATH; WEAKNESS; BACK PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93312 Echocardiograph y, transesophageal, real-time with image documentation	Radiology Services Denied Not Medically Necessary	; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; It is unknown why this study is being requested.; The patient is 18 years of age or older.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of persistent fever in a patient with any intracardiac devise (artificial valve, pacemaker, ASD closure device etc).; The patient is 18 years of age or older.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93312 Echocardiograph y, transesophageal, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.; The patient is 18 years of age or older.	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	Radiology Services Denied Not Medically Necessary	; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is not being ordered for: CAD, post MI evaluation, or as a pre/post operative evaluation.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 05 04 2020; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologicall y induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	Essential (primary) hypertension Default Primary Admitting Discharge Other Secondary i25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris; This study is being 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.; Essential (primary) hypertension Default Primary Admitting Discharge Other Secondary i25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologicall y induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	Stress Echo ordered to evaluate structure and function of heart and to also evaluate for ischemia.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/11/2020; There has not been any treatment or conservative therapy.; Chest Pain, Dyspnea, Tightness in Chest. Significant family hx; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologicall y induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; 1. Chest pain with a moderate pretest probability for coronary artery disease. ;2. Erectile dysfunction with concerns of systemic atherosclerosis. ;3. Sinus bradycardia. ;4. Hypertension, borderline control. ;5. Abnormal ECG.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; This patient is clinically obese or has an emphysematous chest configuration.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient is not on or being considered for antiarrhythmic medication/therapy; The patient has None of the above physical limitations	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Cardiology	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	12 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Chiropractic Medicine	Approval	72128 Computed tomography, thoracic spine; without contrast material		rule out fracture; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Chiropractic Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Chiropractic Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and		;; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and		;; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Chiropractic Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Chiropractic Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for arthritis.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Chiropractic Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	NECK PAINL SHOULDER PAINWEAK/NUMB ENTIRE L ARM; This study is being ordered for a neurological disorder.; 08/11/2020; There has not been any treatment or conservative therapy.; L SHOULDER PAINL ARM WEAK/NUMB; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Chiropractic Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Chiropractic Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Chiropractic Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Chiropractic Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Chiropractic Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Chiropractic Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Chiropractic Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	NECK PAINL SHOULDER PAINWEAK/NUMB ENTIRE L ARM; This study is being ordered for a neurological disorder.; 08/11/2020; There has not been any treatment or conservative therapy.; L SHOULDER PAINL ARM WEAK/NUMB; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Chiropractic Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Chiropractic Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Chiropractic Medicine	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Chiropractic Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Chiropractic Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Chiropractic Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Colon & Rectal Surgery	Approval	71250 Computed tomography, thorax; without contrast material	2/22/2019; There has been treatment or conservative therapy.; CT SCAN DONE 5/22/19 SHOWED 6 MM HEPATIC LIVER LESION, INDETERMINATE; S/P ILEOSTOMY, RESECTION, ANASTOMOSIS AND FLEX SIG DONE 6/21/19.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with	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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Colon & Rectal Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	2/22/2019; There has been treatment or conservative therapy.; CT SCAN DONE 5/22/19 SHOWED 6 MM HEPATIC LIVER LESION, INDETERMINATE; S/P ILEOSTOMY, RESECTION, ANASTOMOSIS AND FLEX SIG DONE 6/21/19.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Colon & Rectal Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Colon & Rectal Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Colon & Rectal Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Colo-rectal Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Colon & Rectal Surgery	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Colon & Rectal Surgery	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Colon & Rectal Surgery	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Approval	72125 Computed tomography, cervical spine; without contrast material		It is not known if the patient has any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Approval	72125 Computed tomography, cervical spine; without contrast material	PHYSICAL THERAPIST RECOMMENDED ORTHOPEDIC SURGERY CONSULT; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/01/2020; There has been treatment or conservative therapy.; CERVICAL RADICULOPATHY;ADHESIVE CAPSULITIS OF THE RIGHT SHOULDER; PHYSICAL THERAPY;MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Approval	72128 Computed tomography, thoracic spine; without contrast material	The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	8 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	6 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatological sensory changes on physical examination	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with orthotics for at least 6 weeks.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material		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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	uploading clinical; uploading clinical; There has been treatment or conservative therapy.; uploading clinical; uploading clinical; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	9	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	uploading clinical; uploading clinical; There has been treatment or conservative therapy.; uploading clinical; uploading clinical; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	PHYSICAL THERAPIST RECOMMENDED ORTHOPEDIC SURGERY CONSULT; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/01/2020; There has been treatment or conservative therapy.; CERVICAL RADICULOPATHY;ADHESIVE CAPSULITIS OF THE RIGHT SHOULDER; PHYSICAL THERAPY;MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Disapproval	74150 Computed tomography, abdomen; without contrast material	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.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Doctors and Rehabilitation	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	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.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including		This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including		This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	This is a request for cervical spine MRI; The reason for ordering this procedure is unknown.; It is unknown if any of these apply to the patient	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is NOT being planned nor has it already been performed.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being oordered for infection.; There are NO physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a foot MRI.; 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.; Surgery or other intervention is not planned for in the next 4 weeks.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of an Abscess of the upper abdominal area.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "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. > Ct	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Yes, this is a request for CT Angiography of the abdominal arteries.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	76390 Magnetic resonance	This is a request for MRS.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; It is unknown if this is a request for follow up of a known murmur.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/27/2020; There has been treatment or conservative therapy.; headache, sinus pressure, vision loss; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/27/2020; There has been treatment or conservative therapy.; headache, sinus pressure, vision loss; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Disapproval	70498 Computed tomographic angiography, neck, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	PATIENT SENT TO ER BY EYE DR TO BE EVALUATED FOR PAPILLEDEMA.; It is unknown if there is 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	Radiology Services Denied Not Medically Necessary	; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are NO documented neurologic findings suggesting a primary brain tumor.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested 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.; This is a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; It is not known if this is a request for initial staging of a known tumor other than prostate.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; Yes, there is a Is there an abdominal and pelvic or retroperitoneal or abdominal mass that has been confirmed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; 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."; Indeterminate right adrenal gland nodule measuring up to 1.5cm, last imaging was in October 2018.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; 1. Right adrenal mass consistent with adenoma.;2. Several masses seen in liver parenchyma, and should be further assessed with MRI if feasible.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Approval	78071 Parathyroid planar imaging (including	This is a request for Parathyroid SPECT imaging.; Patient has a left hypoechoic mass which is consistent with parathyroid adenoma	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	patient has chest pain, chest pressure and fatigue. Patient is status post coronary artery stent placement and coronary angioplasty status with hypertension, chronic renal failure and uncontrolled type 1 diabetes.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Disapproval	70496 Computed tomographic angiography, head, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected tumor outside the brain best describes the patient's tumor.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	patient has fatigue, uncontrolled shaking/tremors, rapid heart rate, near fainting, dizziness, syncopal episode at work, episode preceeded by sensation of nausea, warmth, elevated heart rate, and there was shortness of breath and palpitations.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	pt has Shortness of breath unexplained, weight loss, fatigue, fainting spells, dizziness, need CT to rule to eval; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Endocrinology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Thyroid Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	70450 Computed tomography, head or brain; without contrast	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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material	4/21/2020; There has been treatment or conservative therapy.; Chest pain Abdominal pain with left upper quadWeight lossDysphagia; EGD and she had a Heart Catherization and showed 20% of disease; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Trauma / Injury	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material	06/26/2020; There has been treatment or conservative therapy.; Blood in stool, N/V; Meds, Ultra Sound; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material	8/27/2020; There has not been any treatment or conservative therapy.; Blood in stool , abdominal pain, constipation;; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	72192 Computed tomography, pelvis; without contrast material	; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	crohns disease and the exams will determine the status of the disease; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	ENTEROGRAPHY; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	MR ENTEROGRAPHY FOR CROHN'S DISEASE / ILEOCOLITIS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	Cirrhosis; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for initial staging of a known tumor other than prostate.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; It is unknown if the patient has new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	4/21/2020; There has been treatment or conservative therapy.; Chest pain Abdominal pain with left upper quadWeight lossDysphagia; EGD and she had a Heart Catherization and showed 20% of disease; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Trauma / Injury	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	06/26/2020; There has been treatment or conservative therapy.; Blood in stool, N/V; Meds, Ultra Sound; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	12	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; 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.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT ; Reason: Abdominal pain (system matched response); PAIN; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The patient has Diverticulitis.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); reprocessed Abdomen/Pelvis CT for PCR approval: for Erin Wilkey...; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); unknown; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); unknown; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); R/ O gastritis; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are clinical findings or indications of unexplained abdominal pain in patient over 75 years of age.; Other; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Other; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; DIARRHEA ABD PAIN; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Enter Additional Clinical Information Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; unknown; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	6	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	6	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	3 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast	crohns disease and the exams will determine the status of the disease; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen;	ENTEROGRAPHY; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast	MR ENTEROGRAPHY FOR CROHN'S DISEASE / ILEOCOLITIS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist."; Common ducts are dilated this tapers closer to pancreas.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen;	This request is for an Abdomen MRI.; This study is being ordered for known or suspected vascular disease.; The ordering physician is a surgeon.;	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen;	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	6 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is 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.; Clinicals faxed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This study is being ordered for Inflammatory/ Infectious Disease.; 2016; There has been treatment or conservative therapy.; Abdominal Pain;Diarrhea;Nausea/Vomiting;Hepatitis C;Polycystic Kidney and Liver Disease; Patient has had ultrasound and UGI recently. Has large volume reflux that is being treated with PPI bid. Has polycystic kidney and liver disease. Has Hepatitis C. ;Patient has also had several hernia repairs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing;	Enter answer here - or Type In Unknown If No Info Given. This CT Colonoscopy is being ordered for diagnostic purposes; The member has not had any colon screening studies completed prior to this request	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	It is not known if this patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; This patient has undergone an attempted but incomplete conventional colonoscopy.; This CT Colonoscopy is being ordered for diagnostic purposes; The member had colon screening studies completed prior to this request	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image	none; This CT Colonoscopy is being ordered for diagnostic purposes; The member has not had any colon screening studies completed prior to this request	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image	patient is obese; This CT Colonoscopy is being ordered for diagnostic purposes; It is unknown if the member had any colon screening studies completed prior to this request	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	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.; This CT Colonoscopy is being ordered for diagnostic purposes; The member had colon screening studies completed prior to this request	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast	This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; This CT Colonoscopy is being ordered for diagnostic purposes; The member had colon screening studies completed prior to this request	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This is for a preoperative evaluation of a non cardiac surgery involving general anesthesia; This study is being ordered for Preoperative evaluation of a non cardiac surgery involving general anesthesia	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN	; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY	Abnormal findings on dx imaging of liver and biliary tract. need asap PLEASE. pT STARTS A NEW JOB NEXT WEEK AND NEEDS DONE THIS WEEK PLEASE. ;;THE COMMON HEPATIC/COMMON BILE DUCT MEASURES 10.8 MM WHICH IS DILATED. ;PT WENT IN FOR US DUE TO ABD PAIN.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY	Enter answer here - or Type In Unknown If No Info Given. This is a request for MRCP.; There is 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.; "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."; It is not known if patient has acute pancreatitis.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY	Enter answer here - or Type In Unknown If No Info Given. This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2020	Jul-Sep 2020

						Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology			
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY			1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY		Needs MRCP to better visualize the pancreas; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has 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.	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	05/01/2020; There has been treatment or conservative therapy.; painful ascites, severe alcoholic hepatitis, portal hypertension; Large volume paracentesis performed under sterile conditions;;GI/HEPATOLOGY PROCEDURE NOTE;PARACENTESIS;;Guided ultrasound; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; 2016; There has been treatment or conservative therapy.; Abdominal Pain;Diarrhea;Nausea/Vomiting;Hepatitis C;Polycystic Kidney and Liver Disease; Patient has had ultrasound and UGI recently. Has large volume reflux that is being treated with PPI bid. Has polycystic kidney and liver disease. Has Hepatitis C. ;Patient has also had several hernia repairs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of an Abscess of the upper abdominal area.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	3	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	05/01/2020; There has been treatment or conservative therapy.; painful ascites, severe alcoholic hepatitis, portal hypertension; Large volume paracentesis performed under sterile conditions;;GI/HEPATOLOGY PROCEDURE NOTE;PARACENTESIS;;Guided ultrasound; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	8/27/2020; There has not been any treatment or conservative therapy.; Blood in stool , abdominal pain, constipation;; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Enter Additional Clinical Information Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 05/27/2020; There has not been any treatment or conservative therapy.; Pt has chronic nausea with Pain labs are elevated; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; Aug 07,2020; There has not been any treatment or conservative therapy.; Abdonimal pain upper and lower. lost 25 lbs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen;	Radiology Services Denied Not Medically Necessary	MRCP; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen;	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for follow-up trauma.; The ordering physician is a gastroenterologist or surgeon.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are NO physical findings or abnormal blood work consistent with peritonitis, pancreatitis or appendicitis.; There is active or clinical findings of ulcerative colitis, bowel inflammation or diverticulitis.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are physical findings or abnormal blood work consistent with pancreatitis.; A lipase abnormality was noted.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen;	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; Surgery is not planned for within 30 days.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	74261 Computed tomographic (CT) colonography, diagnostic, including image	Radiology Services Denied Not Medically Necessary	congestive heart failure; This CT Colonoscopy is being ordered for diagnostic purposes; The member has not had any colon screening studies completed prior to this request	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative	Radiology Services Denied Not Medically Necessary	Patient being evaluated for a non cardiac surgery. Imaging is to rule out heart disease.; This is a request for a CT scan for evaluation of coronary calcification.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 05/27/2020; There has not been any treatment or conservative therapy.; Pt has chronic nausea with Pain labs are elevated; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY	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.; Aug 07,2020; There has not been any treatment or conservative therapy.; Abdonimal pain upper and lower. lost 25 lbs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gastroenterology	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY	Radiology Services Denied Not Medically Necessary	MRCP; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 08/17/2020; There has been treatment or conservative therapy.; chest pain , bradycardia ,altered mental status; pain managment , iv medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	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.	8 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	15 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Known or suspected infection best describes the reason that I have requested this test.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	21 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	4 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast	This is a request for a brain/head CT.; The patient has a history of cancer.; Headache best describes the reason that I have requested this test.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	8 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	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.	11 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This study is being requested for None of the above.; This procedure is being requested for Abnormalities of the eye; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered; This is a Medicare member.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	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 Infection or Inflammation; This is a Medicare member.	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	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; Foreign metallic bodies such as metallic splinters, metallic bullets/buckshot is the reason an MRI is not being considered; This is a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	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; This is a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	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; Metallic implants such as Pacemakers, ICD (cardioverter/defibrillator), vascular clips, prosthesis or joint replacement is the reason why an MRI is not being considered; This is a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast	This is a request for a brain/head CT.; This study is being requested for a history of stroke, (CVA) known or follow-up.	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast	This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital abnormality.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack) with onset of symptoms less than 48 hours ago.; This is a Medicare member.	8	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70450 Computed tomography, head or brain; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	This is a request for an Internal Auditory Canal CT.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent abnormal auditory brainstem response.; The patient has not had a recent abnormal brain CT or MRI.; There are neurological symptoms of one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is a new and sudden onset of one-sided ear pain not improved by pain medications.; The patient has not had a normal brain CT or MRI.; There is 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 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	This is a request for an Internal Auditory Canal CT.; There is 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 not 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 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	history of tobacco use cheek tender and increasing in size; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation ; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT ; The orderings MDs specialty is NOT Otolaryngology, Oral/Maxillofacial, or Infectious Diseases	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT ; The orderings MDs specialty is NOT Otolaryngology, Oral/Maxillofacial, or Infectious Diseases; They have had recurrent, 4 or more, acute episodes per year of Rhinosinusitis	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; They have had recurrent, 4 or more, acute episodes per year of Rhinosinusitis; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	10 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; It is unknown if surgery is scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	8 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for a neurological disorder.; 08/07/2020; There has not been any treatment or conservative therapy.; CAROTID ARTERY STENOSIS;MILD DEMENTIA;ABNORMAL BRAIN MRI; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for Vascular Disease.; 8/10/2020; There has not been any treatment or conservative therapy.; PT HAS BEEN HAVING SEVERE NECK PAIN AND UNILATERAL VISION LOSS WITH HEAD MOVEMENT.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for Vascular Disease.; 9-2019; It is not known if there has been any treatment or conservative therapy.; double vision, blood pressure and cad; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image	for the past month she has been having episodes of dizziness. She reports that dizziness is a spinning sensation that she has. She reports that the vertigo is persistent. Associated with nausea but no vomiting.;She went to Northwest ER for evaluation twic; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including	Patient Ct in 2019 revealed mild atrophy Patient continue to have worsening symptoms of syncope, dizziness and weakness; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70496 Computed tomographic angiography, head, with contrast	Yes, this is a request for CT Angiography of the brain.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for a neurological disorder.; 08/07/2020; There has not been any treatment or conservative therapy.; CAROTID ARTERY STENOSIS;MILD DEMENTIA;ABNORMAL BRAIN MRI; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for Vascular Disease.; 9-2019; It is not known if there has been any treatment or conservative therapy.; double vision, blood pressure and cad; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image	for the past month she has been having episodes of dizziness. She reports that dizziness is a spinning sensation that she has. She reports that the vertigo is persistent. Associated with nausea but no vomiting.;She went to Northwest ER for evaluation twic; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including	Patient Ct in 2019 revealed mild atrophy Patient continue to have worsening symptoms of syncope, dizziness and weakness; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70498 Computed tomographic angiography, neck, with contrast	Yes, this is a request for CT Angiography of the Neck.	10	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face,	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metatstasis	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70544 Magnetic resonance angiography,	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70547 Magnetic resonance angiography, neck; without contrast	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	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06-03-19; There has been treatment or conservative therapy.; Pt reports that she has had a chronic headache that has not gone away in a long time. She says that she goes to bed with a headache and she will wake-up with a headache. She reports the HA is all over and will go down her neck. Light and sound make it wor; physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	09/01/2015; It is not known if there has been any treatment or conservative therapy.; Headache; This study is being ordered for Congenital Anomaly	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Altered Mental Status; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/31/2019; There has been treatment or conservative therapy.; post op pain in cervicle,, brsin dissiness; meds, in home exercise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020 7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	memory loss confusion; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results 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 2020 Jul-Sep 2020
7/1/2020 - 9/30/2020 7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient has had a change in mental status; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results 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 2020 Jul-Sep 2020

7/1/2020 - 9/30/2020 7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	patientwent to ER over the weekend and was told to follow up with pcp for possible cva/tia; This study is being ordered for a neurological disorder.; 08/29/2020; There has been treatment or conservative therapy.; weakness, numbness, off balance; numbness in left arm and hand, unsteady gait, off balance; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020 Jul-Sep 2020
7/1/2020 - 9/30/2020 7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Pt has had neurological deficits such as slurred speech, left side weaker than right side, increased weakness, thoracic compression fracture, scoliosis noted on x-ray, thoracic radiculopathy. Pt describes sharp pain in middle of upper back.; This study is being ordered for a neurological disorder.; 06/15/2020; There has been treatment or conservative therapy.; Pt has had neurological deficits such as slurred speech, left side weaker than right side, increased weakness, thoracic compression fracture, scoliosis noted on x-ray, thoracic radiculopathy. Pt describes sharp pain in middle of upper back.; Physical therapy, analgesics, muscle relaxers, alternating heat and ice; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020 Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	rule out possible small CVA; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Slurred speech and confusion x 1 week;;nerve entrapment x 6 weeks; There has been treatment or conservative therapy.; Brain MRI: slurred speech and confusion x 1 week;;Cervical MRI: arm and hand numbness with tingling and no grip; Pt going to physical therapy; This study is being ordered for Neurological Disorder	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	36 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	23 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	15 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; The character of the headache is unknown.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member.	6 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; It is unknown if other causes have been ruled out.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; Other causes have been ruled out.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	8 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are NO documented localizing neurologic findings.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhoea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Evaluation of Arnold-Chiari Malformation best describes the reason that I have requested this test.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	13 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Vertigo - "spinning dizziness" best describes the reason that I have requested this test.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	13 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Unknown; This study is being ordered for trauma or injury.; 7/13/2020; There has not been any treatment or conservative therapy.; Loss of conscious. Head, neck, jaw pain, and dizziness.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Uploading clinical; This study is being ordered for a neurological disorder.; Uploading clinical; There has been treatment or conservative therapy.; Uploading clinical; Uploading clinical; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	will fax in clinicals; This study is being ordered for a neurological disorder.; two months ago; There has not been any treatment or conservative therapy.; headache, confusion, memory loss, incognito change; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	; It is not known if there is radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	; It is not known if there is radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	; There has not been any treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	.LL field small area possible mass or nodule or atelectasis; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	7 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	"The ordering physician is a surgeon, pulmonologist, or cardiologist."; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	"The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is no radiologic evidence of mediastinal widening.; Evelyn S Brack 70 y.o. female presents for had concerns including Blood Pressure Check..; ;Elevated blood pressure Patient states that she was at endocrinology office last month where she was told that her blood pressure was elevated. She has been moni; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	14 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	11 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	1 year follow-up for lung nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	1 yr. follow-up CT for 1 cm nodule in lingual. was supposed to be in 6 months but last one done 10/16/2019; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	1ST CT FOR PULMONARY NODULES ON INCIDENTAL FINDING WHEN CT ABD/PEL WAS DONE 10/2019; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	2 weeks.; There has been treatment or conservative therapy.; pain left upper quadrant, reports 8/10 on pain scale. pain radiates around to back. when she has pain cannot breathe. reports pain as severe. chest xray shows a lymph node mid-chest that needs evaluation due to weight loss. also had nodule right upper lob; patient has taken stomach medications such as Pepcid, omeprazole, but nothing has improved symptoms. continues to have pain left upper quadrant.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	4mm Nodule in lung. Radiologist recommended a 6 mon follow up back in December.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	5.18.2020; There has been treatment or conservative therapy.; ; pantoprazole (Protonix) 40 mg Tablet.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	05/11/2020; There has been treatment or conservative therapy.; pain in joint, stiffness, radiating numbness; PT for 4 weeks; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	5mm non-calcified pulmonary nodule follow-up.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	6/15; There has been treatment or conservative therapy.; Nausea, Decreased Appetite; MEDS; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	08/12/2020; There has not been any treatment or conservative therapy.; Abnormal CTA results, progression of lymphadenopathy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	08/2020; There has been treatment or conservative therapy.; CANCER MINIMAL PAIN; SURGERY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	9/17/2020; It is not known if there has been any treatment or conservative therapy.; abdominal pain, low back pain.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	14	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	13	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has been tested for Covid-19.; The result was negative.; The member does NOT have a complication of suspected Covid-19.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has been tested for Covid-19.; The result was positive.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has NOT been tested for Covid-19.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal chest x-ray - Ill-defined 21.6 mm ill-defined round density in the left suprahilar lung; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	abnormal xray was greater than 30 days ago- 08/24/2020; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Chest pain describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	chronic cough getting worse over last year, wheezing, SOB, afebrile, past scarring noted to lower lobes of CT abdomen/pelvis never had CT scan, no hx of asthma pt aware of; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Clinicals attached; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	clinicals faxed; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	copd shortness of breath .; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	COPD, LLQ LUNG NODULES, LAST CT WAS 2018.FORMER SMOKER. short of breath and dizzy and feels like she is going to pass out d/t her COPD condition. She is requesting a note to have with her to take into the store for grocery shopping so she will be allowed ; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	CTA Abd Aorta will Bilateral Iliofemora showe lun mass, nodul;e as noted in prior questions; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	CXR ABNORMAL. INCIDENTAL FINDING WHILE AT CHIROPRACTOR. NO PREV. CT'S. 2.7 cm right upper lobe nodule is present and appears partially calcified and probably granuloma.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	CXR SHOWED SMALL LINEAR OPACITY IN LEFT LUNG BASE. ABNORMAL CRP,ESR. ELEVATED HEMOGLOBLIN,PLATELET COUNT.;PT HAS HISTORY OF CHRONIC TOBACCO ABUSE FOR OVER 45YEARS,EXPERIENCING FATIGUE WITH ASSOCIATED HEADACHE AND GOING SWEATIN G/CLAMMY,NIGHT SWEATS WITH ; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In LYmphadenopathy noted on previous radiology study and it recommended re-evaluation with CT chest; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. >FAX CLINICALS; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	follow up multiple 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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	follow-up; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	history of Aortic Aneurysm repair; It is not known if there is radiologic evidence of mediastinal widening.; It is not known if there is physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Lung nodule; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Mass on xray from jail. PT is a smoker of 20years 1 pack a day. Pt also has a cough; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	more than 2 years; There has been treatment or conservative therapy.; pt with persistent lymphadenopathy. He has had weight loss. hx of chronic leukopenia of unknown cause, chronic lip infiltrative lesions. I reviewed his chart images...he had bx of his lip in May, showed a granulomatous infiltrative process, with wide diff; unknown; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	NODULE (MULTI-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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Noncalcified lung nodules are indeterminate, the largest 7.5 mm;right lower lobe. Recommend follow-up CT in 3-6 months.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	none; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Old granulomatous disease. Noncalcified 3 mm and smaller nodules in;both lungs are indeterminate, may reflect noncalcified granulomas. If;the patient is high risk for malignancy, consider optional follow-up;chest CT in 12 months; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	<p>OVOID HYPERDENSE LESION ALONG THE RIGHT CARDIAC BORDER. PERICARDIAL CYST RATHER THEN LYMPH NODE. MEASURE APPROXIMATELY 2.1 X 1.0 CM. VAGUE LOBE IN THE POSTERIOR RIGHT LUNG BASE IS LESS APPARENT.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	<p>Patient had a chest US yesterday, that recommended a CT. Because the mass wasn't able to be fully examined.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	<p>PATIENT HAD PREVIOUS CT CHEST AND THERE WAS A THYMIC MASS NOTED.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	PATIENT HAS A CONFIRMED PULMONARY NODULE FROM A CT SCAN IN 2016. DUE TO INCREASED SYMPTOMS IT IS NECESSARY TO FOLLOW UP ON ANY POSSIBLE GROWTH; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Patient has Chronic left sided chest pain worse with deep inspiration cough movement, as well as exertion has 13MM Nodule of Right upper Lobe; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Patient has prostate cancer. He has had significant weight loss and we are needing a chest CT to make sure he doesn't have any metastases.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Patient is complaining of chest/lung pains and has a history of COPD and lung mass.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Patient with multiple suspicious nodules on recent chest xray, needs additional follow up imaging.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Possibly related to rheumatological disease; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection.;" There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	<p>Previous CT on 11/28/19 reflects lung nodule. Per Fleischner Society guidelines, a noncalcified 6 mm nodule in the left; upper lobe warrants follow-up noncontrast chest CT in 6-12 months.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	<p>PROCEDURE(S): CT CHEST WITH;;CT of the chest with intravenous contrast 1/24/2020 HISTORY: Pulmonary nodule. COMPARISON: None available FINDINGS: Within the upper abdomen, there is likely fatty infiltration of the liver. A 9.1 cm cyst involving the l; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	<p>pt due for tumor markers and follow up CT chest for pulmonary nodule follow up per radiologist.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Pt had a 3.7 cm invasive cancer removed from her right breast last year.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 months ago; It is not known if there has been any treatment or conservative therapy.; Right rib pain, RUQ abd pain, cough; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	pt had chest xray 8/11/20 found mass on right 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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Pt has a mass and chest x-ray did not show everything; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Pt is a 44 yo female who presents in office with sinus congestion and wet cough for the past 3 weeks. Pt states she has had this for over a year but it has gotten worse the past 3 weeks. Pt states she was tested for Covid about a month ago and was negativ; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Pt still has cough and using inhalers since Jan and having chest tightness that wont go away. She had allergy testing done before. Doesn't take much for her to cough. She cant talk or laugh long with out coughing. She does have some SOB just before she s; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Pulmonary nodule follow-up.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	PULMONARY NODULES; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	The patient is presenting new signs or symptoms.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	There is no radiologic evidence of non-resolving pneumonia.; The patient is presenting new signs or symptoms.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

<p>7/1/2020 - 9/30/2020 7/1/2020</p>	<p>General/Family Practice</p>	<p>Approval</p>	<p>71250 Computed tomography, thorax; without contrast material</p>	<p>resolving pneumonia.; There is no radiologic evidence of asbestosis.; Patient has lost 10 pounds in past month or so without trying. Also has COPD exacerbated by URI symptoms- cough, SOB, vomiting and diarrhea, fatigue. Former smoker as well. Needs CT 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.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has been tested for Covid-19.; The result was negative.; The member does NOT have a complication of suspected Covid-19.</p>	<p>1 2020 Jul-Sep 2020</p>
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7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; UNKNOWN; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus); The member has been tested for Covid-19.; The result was negative.; The member does NOT have a complication of suspected Covid-19.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia after at least 4 weeks of treatment.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	7 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has been tested for Covid-19.; The result was negative.; The member does NOT have a complication of suspected Covid-19.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has NOT been tested for Covid-19.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	THIS IS A 6 MONTH FOLLOW UP FOR A 6 MM 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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	UNEXPLAINED WEIGHT LOSS,COPD EXACERBATION,DAILY SMOKER MORE THAN 2 PACKS PER DAY; RO:LUNG CANCER; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Unknown; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Unknown; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	unknown; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71250 Computed tomography, thorax; without contrast material	Xray performed on 08/14/20 found a partially circumscribed opacity in the medial aspect of the right lung base, which could represent partial collapse of 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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is not requested to evaluate suspected pulmonary embolus.; It is not known if this study will be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Double Aortic Arch;Pt also recently had a CTA neck that showed a double aortic arch as well as 2 mm ICA aneurysm; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known or Suspected Congenital Abnormality.; The abnormality is of a cardiac nature.; There is a known or suspected coarctation of the aorta.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	PREVIOUS CHEST CT 5/2020 SHOWS ANEURYSMAL DIALATION OF THORACIC AORTA. R/O ASCENDING AORTA - TOO WIDE - VASCULAR SUGERY WORK-UP; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is scheduled/planned.; A catheter angiogram has not been performed within the last month.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast	shortness f breath ,COPD, emphasema, leukemia in remission x-ray completed fluid tracing on the lungs; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s),	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with Chest CT.; This study is being ordered for Suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	14 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	will fax clinical; This study is being ordered for Inflammatory/ Infectious Disease.; will fax clinical; There has been treatment or conservative therapy.; will fax clinical; will fax clinical; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	PT has had 8 weeks of PT and is still having a lot of pain in his spine.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	pt has hx of cervical fracture ;pain worse; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	There are documented clinical findings of immune system suppression.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; None of the options listed is the reason for the study.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to follow-up surgery or fracture within the last 6 months.; The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72125 Computed tomography, cervical spine;	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material	looking for malignancy, tumor.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3mths; There has been treatment or conservative therapy.; mass lower thoracic/lumbar area x 3 months. painful at times 7/10 on pain scale. In the past found to have cyst on kidneys.; patient has taken muscle relaxers and anti-inflammatory medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72128 Computed tomography, thoracic spine; without contrast material	The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	looking for malignancy, tumor.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3mths; There has been treatment or conservative therapy.; mass lower thoracic/lumbar area x 3 months. painful at times 7/10 on pain scale. In the past found to have cyst on kidneys.; patient has taken muscle relaxers and anti-inflammatory medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs 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.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed 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.; Hyro codone 325: Soma 350 sig 1 daily;; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment 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.; Will fax clinicals.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast	This is a request for a lumbar spine CT.; Known Tumor with or without metastasis; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; left lower extremity weakness; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	8 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given This study is being ordered for Other	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; ; There has been treatment or conservative therapy.; chronic pain; PT and NSAIDS; This study is being ordered for Other	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; will bypass clinical questions, Kara D stated she would fax clinical notes over; It is not known if there has been any treatment or conservative therapy.; ; This study is being ordered for Other	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	09/01/2015; It is not known if there has been any treatment or conservative therapy.; Headache; This study is being ordered for Congenital Anomaly	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Assessment for possible surgical intervention.; 12/24/2019; There has been treatment or conservative therapy.; Clinicals attached; Physical therapy, medications; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; neck/back/shoulder pain; pain meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 04/01/2020; There has been treatment or conservative therapy.; shooting pain to the knee, numbness, tingling; heat and Ice.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Positive for Fatigue, arthralgias back pain gait problem and neck pain joint swelling neck stiffness, decreased range of motion tenderness bony tenderness swelling pain Cervical and Lumbar regions, Cervical Radiculopathy, Chronic Low back pain with Left; 08-26-2019 OV noting back pain Patient was suffering from Caronavirus last week and to weak to get out of bed he was transferred to a wheelchair and experienced severe buring in neck and left arm he developed numbness in Left lower extremity and left l; There has been treatment or conservative therapy.; Chronic Neck and Low back pain, ;Weakness and Numbness of Left upper and lower extremities. Exhibits decreased rang of Motion ,tendernesss, bony tenderness, swelling and Back pain lower back, Cervical Back decreased rang of motion, tenderness bony tender; Anti Inflammatory and Muscle relaxer Cortisone Injection and Toradol was given with no improvement; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Slurred speech and confusion x 1 week;;nerve entrapment x 6 weeks; There has been treatment or conservative therapy.; Brain MRI: slurred speech and confusion x 1 week;;Cervical MRI: arm and hand numbness with tingling and no grip; Pt going to physical therapy; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	13 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; 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 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	This is a request for cervical spine MRI; The reason for ordering this procedure is unknown.; It is unknown if any of these apply to the patient	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; 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 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a neurological deficit; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	10 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Pre-operative evaluation describes the reason for requesting this procedure.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	This is a request for cervical spine MRI; This procedure is being requested for suspected tumor	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Trauma or recent injury; ; 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 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	;; There has been treatment or conservative therapy.; chronic pain; PT and NSAIDS; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	;; There has been treatment or conservative therapy.; NUMBNESS , BACK PAIN, TENDERNESS, URINARY TENDACY; MEDICATIONS; This study is being ordered for Congenital Anomaly	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	; will bypass clinical questions, Kara D stated she would fax clinical notes over; It is not known if there has been any treatment or conservative therapy.; ; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	13 ml at t5,t6 t7; 2018; There has been treatment or conservative therapy.; patient is having numbness of left leg, hard to stand for grater than fiveminutes, back pain,.; unknown; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. 08/18/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given MEDICATION; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	MOTORCYCLE ACCIDENT PROGRESSIVE WORSENING THORACIC AND LUMBAR BACK PAIN SINCE 2017NUMBNESS AND TINGLING IN LEG; 07/16/2015; There has been treatment or conservative therapy.; PAINSWELLING; meds; This study is being ordered for Other	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Pt has had neurological deficits such as slurred speech, left side weaker than right side, increased weakness, thoracic compression fracture, scoliosis noted on x-ray, thoracic radiculopathy. Pt describes sharp pain in middle of upper back.; This study is being ordered for a neurological disorder.; 06/15/2020; There has been treatment or conservative therapy.; Pt has had neurological deficits such as slurred speech, left side weaker than right side, increased weakness, thoracic compression fracture, scoliosis noted on x-ray, thoracic radiculopathy. Pt describes sharp pain in middle of upper back.; Physical therapy, analgesics, muscle relaxers, alternating heat and ice; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; I will attach the document's.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	The patient does not have any neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.;	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; The patient has had 3 or fewer thoracic spine MRIs.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	There are documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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."; unknown	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; The patient has not been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.; This is not a continuation or recurrence of symptoms related to a previous surgery or fracture.; "The caller indicated that there is not a known condition of: Tumor, Infection or Neurological deficits."; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; Enter Additional Clinical Information>	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; Pain is in lower back all the time. has pain in mitoracic pain and into right throacic area. had numbness in right foot and toes went number; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; patient had mri lumber that showed a disc herniation on T12 need to evaluate if goes anymore into Thoracic spine; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; thoracic and lumbar back pain ongoing for years, worsening over past few months	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; weakness was found in her PT on 06/10/2020 visit	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	; ; There has been treatment or conservative therapy.; chronic pain; PT and NSAIDS; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	; ; There has been treatment or conservative therapy.; NUMBNESS , BACK PAIN, TENDERNESS, URINARY TENDACY; MEDICATIONS; This study is being ordered for Congenital Anomaly	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	13 ml at t5,t6 t7; 2018; There has been treatment or conservative therapy.; patient is having numbness of left leg, hard to stand for grater than fiveminutes, back pain,.; unknown; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Assessment for possible surgical intervention.; 12/24/2019; There has been treatment or conservative therapy.; Clinicals attached; Physical therapy, medications; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. 08/18/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given MEDICATION; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	HPI here for f/u after last visit 7-3-20 when mentioned right lateral hip and right buttock pain that has been worsening over the past month. Pain and numbness radiates down the outside of the right hip and leg. She had requested referral to chiropracto; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	LOW BACK AND NECK PAIN AND NUMBNESS BILATERAL ARMS AND HANDS COMPRESSED DISC IN HIS BACK ARMS WILL GO NUMB OFF AND ON THROUGHOUT 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.; JAN 2020; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	pain radiates into the buttox; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Positive for Fatigue, arthralgias back pain gait problem and neck pain joint swelling neck stiffness, decreased range of motion tenderness bony tenderness swelling pain Cervical and Lumbar regions, Cervical Radiculopathy, Chronic Low back pain with Left; 08-26-2019 OV noting back pain Patient was suffering from Caronavirus last week and to weak to get out of bed he was transferred to a wheelchair and experienced severe buring in neck and left arm he developed numbness in Left lower extremity and left I; There has been treatment or conservative therapy.; Chronic Neck and Low back pain, ;Weakness and Numbness of Left upper and lower extremities. Exhibits decreased rang of Motion ,tenderness, bony tenderness, swelling and Back pain lower back, Cervical Back decreased rang of motion, tenderness bony tender; Anti Inflammatory and Muscle relaxer Cortisone Injection and Toradol was given with no improvement; This study is being ordered for Neurological Disorder	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Pt presents with c/o LBP with R sided radiculopathy and sciatica. She had back surgery 8-10 years ago and has done fairly well since then. She reports that she bent over to pick something up from the floor and felt a very sharp, intense pain to her lumbar; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	THE DOCTOR THINKS IT IS NECESSARY TO EVALUATE PATIENT FOR ANY UNDERLYING ETIOLOGY.; This study is being ordered for a neurological disorder.; PT HAS HAD BACK PAIN FOR SEVERAL YEARS, AND PT HAS HAD SURGERY ALSO.; There has been treatment or conservative therapy.; LOWER BACK PAIN THAT RADIATES INTO LOWER EXTREMITIES. PT ALSO HAVING TROUBLE WITH URINATION AND BOWEL MOVEMENTS DUE TO THIS.; PT HAS TRIED PHYSICAL THERAPY AND ALSO TAKES MEDICATION FOR HIS PAIN.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The patient has been doing physical therapy for 3 weeks with no change in symptoms or pain control; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; The patient has None of the above	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Trauma or recent injury	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; 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	34 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	17 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	32 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	19 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	46 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	5 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	10 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	8 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	14	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	uploaded clinical; uploaded clinical; There has been treatment or conservative therapy.; uploaded clinical; uploaded clinical; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	weakness of left leg; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 05/30/2020; There has been treatment or conservative therapy.; fracture of pubic bone, back pain, numbness tingling in left leg result of fall on 05/30/2020; Percocet, PT and OT, had an xray 06/10/2020, referral to neurologist and ortho.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	Left inguinal hernia; Severe left groin pain; Right groin pain; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	patient had a fall, unsure of date, trying to r/o pelvic fracture.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	3 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72192 Computed tomography, pelvis; without contrast material	<p>This study is being ordered due to known or suspected infection.; It is not known if the ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient.; "There are NO active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "There are radiographical or ultrasound findings consistent with abnormal fluid collection, pelvic abscess, pelvic inflammation or ascites."; "There are no physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	<p>; This study is being ordered for trauma or injury.; patient has had several ct scans that haven't showed anything wrong. he is having abdominal pain and has hematuria in his urine. he has come in several visits with blood in his urine.; There has been treatment or conservative therapy.; abdominal pain, hematuria; patient has been referred to Urology and given meds with no help; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	6 x 2.0 x 1.9 cm subcutaneous soft tissue mass in the right lower ;back/buttock region as described. Sonographic features are ;nonspecific. Considerations would include soft tissue hematoma, soft ;tissue neoplasm or possibly myositis ossificans with po; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI.; The study is being ordered for endometriosis.; A diagnosis of endometriosis has NOT been established.; The study is being ordered for something other than follow up treatment or pre surgical evaluation.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 3-4 weeks ago; There has been treatment or conservative therapy.; fracture nerve impingementstenosis degenerative changessevere pain with ambulation and movement unable to preform daily activities; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	pelvic pain, ultrasound performed and could not visualize the ovaries, MRI needed; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Pt having lower right abdominal pain with palpable, pulsatile mass. CT done which shows a questionalbe mass below the C section scar. Radiologist recommends MRI for further evaluation.; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Rectocele;7. Perineural cyst;8. Coccyx pain;9. Burning sensation of rectum (perianal);10. Other constipation;- Coccygeal perianal and perineal pain seem to be due to rectocele. Sacral Tarlov cyst may be contributing to symptoms as well;- Ambulatory ; 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 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	There is some evidence of nerve entrapment in sacral region.; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging,	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for slipped femoral capital epiphysis.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material	There is a history of upper extremity joint or long bone trauma or injury.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	8	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or joint infection.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint;	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The member has 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 not requested for evaluation of elbow pain.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The member has a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or 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 a fall approximately 3 months ago was seen in Baptist ER for multiple injuries at that point in time x-rays of the shoulder were negative he is continued to have pain and decreased range of motion his left shoulder since that point.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; 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.	14 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The requested study is a Shoulder MRI.; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; 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. JONES Complaint of pain in left shoulder.. It began 10 days ago. It is of moderate intensity. He estimates that the frequency of this symptom is every couple of minutes. The typical duration of an episode is the majority of the day. Prior work-up	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; unknown	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is experiencing joint locking or instability.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; 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	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The requested study is a Shoulder MRI.; 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The requested study is a Shoulder MRI.; 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; patient is no better - pain is still intense and gets worse at night; The patient received medication other than joint injections(s) or oral analgesics.; Norco 10/325	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	9 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; There is a suspicion of fracture not adequately determined by x-ray.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; It is not known if the physician has directed conservative treatment for the past 4 weeks.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	Unknown; The study is not requested for any of the standard indications for Knee MRI; This is a request for an elbow MRI; It is not know if the study is requested for evaluation of elbow pain	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	PT has had 8 weeks of PT and is still having a lot of pain in his spine.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	The patient has still persistent left knee pain ongoing for months now. He is status post left total knee arthroplasty, but on our previous x-rays, he did show moderate edema in the bone marrow surrounding the implant. He states that he can go about 20 ; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020 7/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020 7/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Knee CT.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 04/01/2020; There has been treatment or conservative therapy.; shooting pain to the knee, numbness, tingling; heat and Ice.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI.;" Non Joint is being requested.	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; "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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a foot MRI.; "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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a foot MRI.; 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.; Surgery or other intervention is not planned for in the next 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered to evaluate a possible non union facture.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for tendonitis.; The patient has NOT had foot pain for over 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs speciality is NOT Orthopedics.	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs speciality is NOT Orthopedics.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with an Ace bandage; The ordering MDs specialty is NOT Orthopedics.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	6 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; It is not known if the ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Swelling greater than 3 days; Surgery is NOT being planned.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the knee.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Locking; Yes, the member experience a painful popping, snapping, or giving away of the knee.	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Limited range of motion	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Locking	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, the member do not experience a painful popping, snapping, or giving away of the knee.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; This study is being ordered for Suspicious Mass or Suspected Tumor/ Metastasis	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Total Knee Arthroplasty (TKA)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The member has surgery planned.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is a study for a fracture which does not show healing (non-union fracture).; Non Joint is being requested.	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This study is 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 1, 2020 started having pain; There has been treatment or conservative therapy.; Pain for over 6 weeks despite trial of conservative measures. X-rays normal. lateral tracking patella; Formal Physical therapy and physician directed home exercise program for over 6 weeks, and NSAIDS for over 6 weeks have failed. Change in activity level has failed to provide relief. Patient has continued pain no matter what she tries to do and it is aff; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; It is not known if there is a suspicion of tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is not for hip pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; 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 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; 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 has a documented limitation of their range of motion.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; 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).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	ABN PAIN; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 08/31/2020; There has been treatment or conservative therapy.; severe abdominal, abdominal infection or abcess, itching , chest pain, adema, swelling at the site; ER / airlifted/ meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Patient is having Nausea with constipation for 1 week with unspecified abdominal pain pt was given zofran but patient stated that zofran did not work; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	Pt had a 3.7 cm invasive cancer removed from her right breast last year.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 months ago; It is not known if there has been any treatment or conservative therapy.; Right rib pain, RUQ abd pain, cough; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; There is a known or a strong suspicion of kidney or ureteral stones.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; It is unknown if the patient has new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	3	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	3	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of unexplained abdominal pain in patient over 75 years of age.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	6 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The liver is enlarged.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with	This is a request for CT Angiography of the Abdomen and Pelvis.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74175 Computed tomographic angiography, abdomen, with contrast	Yes, this is a request for CT Angiography of the abdomen.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; There has not been any treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; There has not been any treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	5.18.2020; There has been treatment or conservative therapy.; ; pantoprazole (Protonix) 40 mg Tablet.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	05/11/2020; There has been treatment or conservative therapy.; pain in joint, stiffness, radiating numbness; PT for 4 weeks; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	6/4/2020; It is not known if there has been any treatment or conservative therapy.; nausea vomiting dizziness abnormal weightloss; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	6/15; There has been treatment or conservative therapy.; Nausea, Decreased Appetite; MEDS; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	08/12/2020; There has not been any treatment or conservative therapy.; Abnormal CTA results, progression of lymphadenopathy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	08/2020; There has been treatment or conservative therapy.; CANCER MINIMAL PAIN; SURGERY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	9/3/2020; There has not been any treatment or conservative therapy.; abnormal weight loss, loss of appetite for about 2 months; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	9/17/2020; It is not known if there has been any treatment or conservative therapy.; abdominal pain, low back pain,; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	more than 2 years; There has been treatment or conservative therapy.; pt with persistent lymphadenopathy. He has had weight loss. hx of chronic leukopenia of unknown cause, chronic lip infiltrative lesions. I reviewed his chart images...he had bx of his lip in May, showed a granulomatous infiltrative process, with wide diff; unknown; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	11 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	3 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	10 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	19 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	7 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); ordered for chronic pain; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); renal cysts noted on Ultrasound; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is not ultrasound or plain film evidence of an abdominal organ enlargement.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	15 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without	This is a request for an Abdomen and Pelvis CT.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT	6 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are clinical findings or indications of unexplained abdominal pain in patient over 75 years of age.; Other; Yes this is a request for a Diagnostic CT	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Other; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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.; 3 week history of abdominal pain, ruling out diverticulitis; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Enter Additional Clinical Information Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ; Yes this is a request for a Diagnostic CT	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ABDOMINAL PAIN; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; black stools; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Clinicals attached; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; concern for Hernia; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Enter Additional Clinical Information Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Hernia; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; PATIETN HAD A HYSTERECTOMY IN 1988 AND HAS STARTED HAVING PELVIC/ABD PAIN2 MONTHS AGO; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	20 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	8 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; Yes this is a request for a Diagnostic CT	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; Enter Additional clinical information Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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; had CT in 10/2019 was where found masses, follow up for 6 months. ovarian mass; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	5 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This request is for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; Trauma; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; Trauma; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	32 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	9 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	10 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	24 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	7 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	10 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	7 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	23	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	5	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	; This study is being ordered for trauma or injury.; patient has had several ct scans that haven't showed anything wrong. he is having abdominal pain and has hematuria in his urine. he has come in several visits with blood in his urine.; There has been treatment or conservative therapy.; abdominal pain, hematuria; patient has been referred to Urology and given meds with no help; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is not a gastroenterologist, urologist, or infectious disease specialist."; It is not known if there are physical findings or abnormal blood work consistent with peritonitis, pancreatitis, or appendicitis.; It is not known if there are active of clinical findings of Crohn 's disease, ulcerative colitis, bowel inflammation or diverticulitis.; "There is radiographical or ultrasound findings consistent with abnormal fluid collection, abdominal abscess, or ascites."; Enter answer here - or Type In Unknown If No Info Given. >	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; Enter answer here - or Type In Unknown If No Info Given. >	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "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."; Prior exam recommended MRI followup with and without contrast for further delineation with liver mass protocol to differentiate better.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study."; patient had EGD which recommended MRCP	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; abnormal CT pelvis/abdomen	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "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."; has a frequent 4 cm left renal mass	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if the patient has a renal cyst or tumor.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of	; This study is being ordered for Vascular Disease.; 8/10/2020; There has not been any treatment or conservative therapy.; PT HAS BEEN HAVING SEVERE NECK PAIN AND UNILATERAL VISION LOSS WITH HEAD MOVEMENT.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Yes, this is a request for CT Angiography of the abdominal arteries.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	High Risk Screening, patient has lifetime risk of 26%. Mother diagnosed with breast cancer at age 62. Patient's Ultrasound on 7/21/20 showed abnormalities of right breast, further imaging requested for clarification.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Skin dimpling of the right breast, abnormal findings by mammogram and ultrasound. Recommended follow-up of ultrasound with MRI for better imaging quality; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material;	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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	77046 Magnetic resonance imaging, breast, without contrast material;	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	6 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is no physical restriction to the member's ability to exercise	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	chest pain- occurs at rest, shortness of breath, stabbing pain, abrupt onset, intermittent. ekg shows incomplete right bundle branch block and occasional ectopic ventricular beat. Strong family history of CAD; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is no physical restriction to the member's ability to exercise	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Enter answer here - or Type In Unknown If No Info Given. The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	family history cardiac problems; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is no physical restriction to the member's ability to exercise	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	History of slow NSVT on an event monitor in 2019 with history of syncope. ;She was referred to EP and stress test was ordered. She saw EP at OHI who agreed with stress test and recommended possible repeat monitor.;Stress test was not done, she thinks it; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is a physical restriction to the member's ability to exercise	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is a physical restriction to the member's ability to exercise	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Treadmill stress EKG suboptimal secondary to abnormal EKG at baseline and inability to complete protocol THE TREADMILL-TMST 93017.HX CHRONIC KIDNEY DZ, COPD AND ANEMIA. ECHO SHOWS EF OF 50%. PT IS A SMOKER; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Other solid tumor(s); This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Dr wants pt to have an echo due to pt heart murmur and its been several years since this has been followed up with pt on several medications and has dx of : ;i10, r73.9,E78.5,g47.00,r73.03 along with r01.1 heart murmur.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	ECHO is requested to follow up on dilated aortic root found on the ECHO done on 5-16-2018 by Cardilogist. The aortic root mildly dilated at 3.9 cm diameter on that study.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 08/17/2020; There has been treatment or conservative therapy.; chest pain , bradycardia ,altered mental status; pain managment , iv medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	patientwent to ER over the weekend and was told to follow up with pcp for possible cva/tia; This study is being ordered for a neurological disorder.; 08/29/2020; There has been treatment or conservative therapy.; weakness, numbness, off balance; numbness in left arm and hand, unsteady gait, off balance; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Pt had ablation a few yrs ago for a-fib. Also has DOE that is slowly worsening. States that he gets DOE when grocery shopping or doing chores. Endorses compliance w/ all his meds. States that he uses his Albuterol inhaler 2-3 times a day almost daily.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an initial evaluation of suspected valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected valve disease.	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has abnormal heart sounds	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Marfan's syndrome.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of Marfan's Syndrome.; This is NOT for annual evaluation of Marfan's Syndrome.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	13 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	6 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	16 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	26 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	7 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	19 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	UNKNOWN; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	vascular disease And hyper tension; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	will fax in clinicals; This study is being ordered for a neurological disorder.; two months ago; There has not been any treatment or conservative therapy.; headache, confusion, memory loss, incognito change; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93312 Echocardiography, transesophageal, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested after a completed NON diagnostic transthoracic echocardiogram.; The patient is 18 years of age or older.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93312 Echocardiography, transesophageal, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for diagnosis and management of infective endocarditis.; The patient is 18 years of age or older.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93312 Echocardiography, transesophageal, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.; The patient is 18 years of age or older.	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or	Peripheral edema- he states he has history of peripheral edema related to venous insufficiency and takes furosemide as neededhe states around 1pm today he started having chest pains that lasted around 15minutes- ran down into his left arm and up into his l; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is not being ordered for: CAD, post MI evaluation, or as a pre/post operative evaluation.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; ; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; This patient is clinically obese or has an emphysematous chest configuration.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient is male.; The patient has not had a recent non-nuclear stress test.; Enter answer here - or Type In Unknown If No Info Given. This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; "Patient is not clinically obese, nor has an emphysematous chest configuration."	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular	This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	4 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and	This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	18 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; It is unknown when or if the patient quit smoking.	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Enter answer here - or Type In Unknown If No Info Given. This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	fax clinical; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	none; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	3 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	52 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	17 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Uploaded clinicals; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY	Abd U/S showed GB stones but no other signs to indicate inflammation. Will get HIDA to access GB fxn. Pelvic and TV U/S normal; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70336 Magnetic resonance (eg, proton) imaging,	Radiology Services Denied Not Medically Necessary	This is a request for a temporomandibular joint MRI.	1 2020 Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 07/16/2020; There has been treatment or conservative therapy.; abnormal bleeding, abdominal pain;;headache and syncope; pap smear and us for abnormal bleeding;;medication for headache; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 06/01/2020; There has been treatment or conservative therapy.; headache, neck pain, dizziness, ataxia- all started after head injury from a fall; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Abnormalities of the eye; It is unknown why an MRI is not being considered	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	for a tumor; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient broke both of her arms when she fell and hit her head and now she has short term memory loss; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient does have a history of strokes as well.; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has vertigo muscle spasms blurred vision; This study is being ordered for trauma or injury.; 2015; There has been treatment or conservative therapy.; Patient is having is having pain can not sleep numbness dizziness; takes medication was getting injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	she has had TIAs and aneurysm rupture in 2016. area of her craniotomy incision formed a scab and it fell off and there was dehiscence of a piece of scalp and looks like there maybe a shunt under that area; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	6	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	24	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Known or suspected infection best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	5	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; New onset of seizures or newly identified change in seizure activity or pattern best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The headache's character is unknown.; Headache best describes the reason that I have requested this test.	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	12	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	12	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	7	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	To rule out other pathology; This study is being ordered for Inflammatory/ Infectious Disease.; 04/01/20; There has not been any treatment or conservative therapy.; The patient denies any interference in everyday life.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Uploading clinical; This study is being ordered for a neurological disorder.; Uploading clinical; There has been treatment or conservative therapy.; Uploading clinical; Uploading clinical; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/24/2020; There has been treatment or conservative therapy.; area behind ear, worsening, getting bigger, hard to the touch. thinking swollen lymph node, thyroid disorder causing facial pain.; CT w. contrast, blood work taken, medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or	Radiology Services Denied Not Medically Necessary	Left eye swelling; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	Uploading clinical; This study is being ordered for a neurological disorder.; Uploading clinical; There has been treatment or conservative therapy.; Uploading clinical; Uploading clinical; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without	Radiology Services Denied Not Medically Necessary	Left eye swelling; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT ; The orderings MDs specialty is NOT Otolaryngology, Oral/Maxillofacial, or Infectious Diseases; They have had recurrent, 4 or more, acute episodes per year of Rhinosinusitis	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	To rule out other pathology; This study is being ordered for Inflammatory/ Infectious Disease.; 04/01/20; There has not been any treatment or conservative therapy.; The patient denies any interference in everyday life.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70486 Computed tomography, maxillofacial area; without	Radiology Services Denied Not Medically Necessary	unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/24/2020; There has been treatment or conservative therapy.; area behind ear, worsening, getting bigger, hard to the touch. thinking swollen lymph node, thyroid disorder causing facial pain.; CT w. contrast, blood work taken, medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for recent trauma or other injury.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/20/2020; There has been treatment or conservative therapy.; Dizziness, lose vision in left in, vision in the left eye goes gray; Medications, and Ultrasound; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70496 Computed tomographic angiography, head, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/20/2020; There has been treatment or conservative therapy.; Dizziness, lose vision in left in, vision in the left eye goes gray; Medications, and Ultrasound; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70498 Computed tomographic angiography, neck, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	LOW BACK AND NECK PAIN AND NUMBNESS BILATERAL ARMS AND HANDS COMPRESSED DISC IN HIS BACK ARMS WILL GO NUMB OFF AND ON THROUGHOUT 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.; JAN 2020; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	MRI of the brain has been completed and showed minor reasoning for the continuous migraine headaches, neck pain is the onset of where the migraine originates, pt c/o of constant muscle and neck pain loss of ROM and severe headaches.; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Pt. states that when she is moving, she gets dizzy. She states that she feels like her eyes cannot focus on anything. She feels hot as well. No headache. She has pressure in the back of her head. She took some maxalt which did not help.fatigue and loss of; There is not a suspicion of an infection or abscess.; It is unknown if this examination is being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; 7/13/2020; There has not been any treatment or conservative therapy.; Loss of conscious. Head, neck, jaw pain, and dizziness.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Uploading clinical; This study is being ordered for a neurological disorder.; Uploading clinical; There has been treatment or conservative therapy.; Uploading clinical; Uploading clinical; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Right pulsatile tinnitus; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Syncopal episodes without warning TIA Patient has coronary artery disease involving coronary bypass graft of native heart without angina pectoris, requesting MRI and MRA of brain to Evaluate TIA and severity of symptoms; This study is being ordered for a neurological disorder.; 8-28-2020 with no warning; There has not been any treatment or conservative therapy.; patient having syncopal episodes where she has attaches suddenly falling 2nd episode in 3 weeks. Patient has been treated by cardiologist with significant history of CAD status post CABG.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	07/17/2020; There has been treatment or conservative therapy.; she has been having low neck pain for about 2 months.. Pain improved after an adjustment with chiropractor.;This helped but now it came back and she is having it for past 2 weeks.;1. Cervico-occipital neuralgia - New problem to me. After discussion of p; gabapentin up to 300 mg bid.;b. topical capsaicin.;If no improvement, she will call in order to discuss occipital nerve block by interventional pain.; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 6/23/2020; It is not known if there has been any treatment or conservative therapy.; member has numbness in legs, neck and lower back pain, losing grip of objects; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having change in mental status, confusion.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results 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	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Pt has ongoing symptoms of headaches and neck pain for several months with no relief with meds such as Keppra. Pt symptoms keep worsening.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Syncopal episodes without warning TIA Patient has coronary artery disease involving coronary bypass graft of native heart without angina pectoris, requesting MRI and MRA of brain to Evaluate TIA and severity of symptoms; This study is being ordered for a neurological disorder.; 8-28-2020 with no warning; There has not been any treatment or conservative therapy.; patient having syncopal episodes where she has attacks suddenly falling 2nd episode in 3 weeks. Patient has been treated by cardiologist with significant history of CAD status post CABG.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	28	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	14	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member.	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; It is unknown if there are documented neurologic findings suggesting a primary brain tumor.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Ringing in the ears (tinnitus), hearing loss or abnormal hearing test best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member.	3	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; There has not been any treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	01/05/2020; There has been treatment or conservative therapy.; Worsening pain. Pain moving from leg to calf muscle.; Medication. Home therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	6/4/2020; It is not known if there has been any treatment or conservative therapy.; nausea vomiting dizziness abnormal weightloss; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	07/23/2020; There has not been any treatment or conservative therapy.; Weight loss almost 100lbs in last couple months, fatigue nausea and vomiting in the morning; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	08/05/2020; There has not been any treatment or conservative therapy.; abnormal weight loss; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	9/3/2020; There has not been any treatment or conservative therapy.; abnormal weight loss, loss of appetite for about 2 months; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	11/1/2019; There has not been any treatment or conservative therapy.; 23lbs weight loss in 10 months , bmi is down to 17 r/ u neoplastic process, increasing shortness of breath, copd pt, smoker 46 years; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	ABNORMAL WEIGHT LOSS; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	chest pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Clinicals faxed; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Complaints of non-cardiac chest pain with cough heavy smoker; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	COVID-19 Pneumonia; There is no radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus); The member has been tested for Covid-19.; The result was positive.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	CT Chest Oct 2018 that showed some small mediastinal lymph nodes--greatest in the aortopulmonary window, mild scarring in the anterior aspect of each upper lobe. Pulmonologist wanted CT repeat in a year. Patient also has severe fatigue. 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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 08/31/2020; There has been treatment or conservative therapy.; severe abdominal, abdominal infection or abcess, itching , chest pain, adema, swelling at the site; ER / airlifted/ meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Evaluation of patient with complaints of continued epigastric and RUQ pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	exposure, shortness of breath, fever; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus); The member has been tested for Covid-19.; The result was negative.; The member has a complication of suspected Covid-19.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	follow up CT from intial CT done in January 2020.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	left sided chest pain, negative labs, pt does have elevated CR.; There is not a known inflammatory disease.; There is not a known tumor.; There is no known vascular disease.; A Chest/Thorax CT is being ordered.; 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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	none; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	paitent is having shortness of breath. Trying to rule out an 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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	pastier cc 10-2; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/8/2020; There has been treatment or conservative therapy.; chest pain, pain w. inspiration, constipation, tenderness.; diagnosed mesenteric adenitis @ hospital; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has lost 16 pounds in the last two months without trying to lose weight. Concerning for cancer; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	PT has a cough every day that is worse at night pt has been tested for Covid but does not have covid. PT is a smoker . pt also had Intrathoracic organ imaging abnormalities; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	pt has bilateral pulmonary nodules, last CT 08/09/2019 recommend follow up CT 12-18 months; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	pt has chronic obstructive bronchitis and has been on medication with no resolve; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	pt has polycythemia and has had a 15 lbs weight loss in 6 mo with no diet change.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Requested Exam: CT chest with;Anticipated Date: 8-7-2020;Reporting::Signed STARK form: yes;(or valid exception noted in Additional Info);Additional Info::Clinical Information;HX/DX ;(REQUIRED):: Pt is here b/c she would like something for the p; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	see attached office note- Weight loss, unintentional; Iron deficiency anemia due to chronic blood loss; History of tobacco abuse; There has been treatment or conservative therapy.; Iron deficiency anemia due to chronic blood loss; Weight loss, unintentional History of tobacco abuse; iron supplement for anemia; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	SEE CLINICALS; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	serial follow up 1 year CT for solitary pulmonary nodule and COPD.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	<p>She feels better but still have some left lower chest pain and shortness of breath. Has one day of levaquin left. Denies fever and chills. Smokes 1/2 PPD. Positive for cough and shortness of breath. Positive for chest pain.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	<p>solitary nodule of lung; Patient was found to have a nodule on a CT chest done in March. Radiology thinks that this is benign and recommends a follow-up in 3 to 6 months. We will schedule this for July 1.; Will order CT, chest, w/o contrast on 07-01-2020; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The patient had multiple COPD exacerbation and bronchitis in the last few months. Today, patient complained of worsening shortness of breath and increase sputum production. He is been using albuterol 3 times per day. He continues to smoke. He has a 40; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has been tested for Covid-19.; The result was positive.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	will fax clinical; This study is being ordered for Inflammatory/ Infectious Disease.; will fax clinical; There has been treatment or conservative therapy.; will fax clinical; will fax clinical; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Will fax clinical.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	XR was negative; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; 07/14/2020; There has not been any treatment or conservative therapy.; Chest pain. Abdominal pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image	Radiology Services Denied Not Medically Necessary	Splenic Artery Aneurysm; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	Uploading clinical; This study is being ordered for a neurological disorder.; uploading clinical; There has been treatment or conservative therapy.; uploading clinical; uploading clinical; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 06/01/2020; There has been treatment or conservative therapy.; headache, neck pain, dizziness, ataxia- all started after head injury from a fall; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	abnormal x ray; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/31/2019; There has been treatment or conservative therapy.; post op pain in cervicle,, brsin dissiness; meds, in home exerise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	member was attacked and neck is popping and cracking; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has vertigo muscle spasms blurred vision; This study is being ordered for trauma or injury.; 2015; There has been treatment or conservative therapy.; Patient is having is having pain can not sleep numbness dizziness; takes medication was getting injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has been in pain for several months and needs to resolve.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/06/2020 first visit , 2 weeks prior on walker; There has been treatment or conservative therapy.; Back pain, cervical , thoracic and lumbar, radiating to hips and lower extremities with parenthesis; Medications, physical therapy, back brace, walker, home exercise.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	pt is having chronic pain, increased pain when going to physical therapy. NSAIDS do not help alleviate sx's.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	sever pain nerve damage cant move arm; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has had neck pain for over a year and we have tried multiple NSAIDS, ice/heat, and physical therapy with no relief; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72125 Computed tomography, cervical spine; without contrast material	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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	4 wheeler ax. Horrible pain in upper part of middle 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.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	looking for malignancy, tumor.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 months; There has been treatment or conservative therapy.; palpable mass lower thoracic/lumbar area x 3 months. painful at times 7/10 on pain scale. In the past found to have cyst on kidneys.; patient has taken muscle relaxers and anti-inflammatory medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	pastier cc 10-2; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/8/2020; There has been treatment or conservative therapy.; chest pain, pain w. inspiration, constipation, tenderness.; diagnosed mesenteric adenitis @ hospital; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has been in pain for several months and needs to resolve.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/06/2020 first visit , 2 weeks prior on walker; There has been treatment or conservative therapy.; Back pain, cervical , thoracic and lumbar, radiating to hips and lower extremities with parenthesis; Medications, physical therapy, back brace, walker, home exercise.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	pt is having chronic pain, increased pain when going to physical therapy. NSAIDS do not help alleviate sx.s.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	The PT was in a wreck. He hit a truck and hit the back of his head. Pt had Cervical spine CT but not Thoracic; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 08/22/2020; There has been treatment or conservative therapy.; anterior and lateral right hip decreased ROM, pain, pain throughout the lumbar region; 08/22/20 steroid inj and pain med; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 05/30/2020; There has been treatment or conservative therapy.; fracture of pubic bone, back pain, numbness tingling in left leg result of fall on 05/30/2020; Percocet, PT and OT, had an xray 06/10/2020, referral to neurologist and ortho.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	looking for malignancy, tumor.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 months; There has been treatment or conservative therapy.; palpable mass lower thoracic/lumbar area x 3 months. painful at times 7/10 on pain scale. In the past found to have cyst on kidneys.; patient has taken muscle relaxers and anti-inflammatory medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	pastier cc 10-2; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/8/2020; There has been treatment or conservative therapy.; chest pain, pain w. inspiration, constipation, tenderness.; diagnosed mesenteric adenitis @ hospital; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has been in pain for several months and needs to resolve.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/06/2020 first visit , 2 weeks prior on walker; There has been treatment or conservative therapy.; Back pain, cervical , thoracic and lumbar, radiating to hips and lower extremities with parenthesis; Medications, physical therapy, back brace, walker, home exercise.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	pt is having chronic pain, increased pain when going to physical therapy. NSAIDS do not help alleviate sx.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more than once for these symptoms.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; UNABLE TO PERFORM DAILY ACTIVITIESLEG AND ARM WEAKNESS; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; xrays show two old fractures, not any new ones that he could tell.; It is not known if there is x-ray evidence of a lumbar recent fracture.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	; 01/2017; There has been treatment or conservative therapy.; severe LBP, weakness and radiculopathy.; medication and therapy; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary	; 04/10/2020; There has been treatment or conservative therapy.; Chronic back and Neck Pain; Physical Therapy, At home exercises, Pain Medication, Ice/Heat; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; 7/1/2020; There has been treatment or conservative therapy.; Pain in cervical and lumbar regions with radiculopathy down right arm and leg.; Prescription strength NSAIDs and light stretches.; This study is being ordered for Other	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; greater than a year, ongoing and worsening. pt hasn't had MRI for this problem; There has been treatment or conservative therapy.; chronic worsening back pain, numbness in limbs; pt has been taking Tylenol, ibuprofen, and Aleve PRN for pain. Symtoms are worsening; This study is being ordered for Neurological Disorder	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; Pt states the pain is often severe and she gets numbness in her fingers.; It is not known if there has been any treatment or conservative therapy.; Pt c/o pain on her neck, left arm and shoulder an down into the left side on her chest wall.; This study is being ordered for Other	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; March 2020; There has been treatment or conservative therapy.; Pain in neck and back.; Pt has had steroid, anti-inflammatory medications and pain medications. Pt with rapidly progressing symptoms.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; unknown; There has been treatment or conservative therapy.; Pain in the shoulders and along the back.; Tramadol has been prescribed; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	; unknown; There has been treatment or conservative therapy.; pain; analgesics, PT, home exercises; This study is being ordered for Neurological Disorder	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	07/17/2020; There has been treatment or conservative therapy.; she has been having low neck pain for about 2 months.. Pain improved after an adjustment with chiropractor.;This helped but now it came back and she is having it for past 2 weeks.;1. Cervico-occipital neuralgia - New problem to me. After discussion of p; gabapentin up to 300 mg bid.;b. topical capsaicin.;If no improvement, she will call in order to discuss occipital nerve block by interventional pain.; This study is being ordered for Neurological Disorder	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	auto accident this year increased pain/problems; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; lots of radiating pain bilateral shoulder/ spine;; pains; injections for spinal & shoulder; pt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; PAIN; HEPPTanalgesics; This study is being ordered for Neurological Disorder	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 5/25/2020; There has been treatment or conservative therapy.; acute midline thoracic back pain, hnp cervical; over the counter meds, surgery on neck still having numbness and weakness in hands; This study is being ordered for Other	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 6/23/2020; It is not known if there has been any treatment or conservative therapy.; member has numbness in legs, neck and lower back pain, losing grip of objects; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/2020; There has been treatment or conservative therapy.; The pt has dorsalgia pain.; referred to an orthopedic specialist; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	none This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for a neurological disorder.; 07/08/2020; There has been treatment or conservative therapy.; pain 10 out 10; PET, CT , NSAIDS, conservative treatment; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	none; unknown; There has been treatment or conservative therapy.; pain; meds and PT; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient complains of cervicgia. The location of discomfort is posterior. It radiates to the upper back. Initial onset was 4 weeks ago. The precipitating event seems to have been a fall. ; ;Dx with low back pain; reason for visit: Pain. The disc; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has suspected degeneration and stenosis at all levels (cervical, thoracic, and lumbar). Lumbar degeneration and stenosis has been confirmed.; Estimated onset is in 2016.; There has been treatment or conservative therapy.; Pain location: Occipital region;Quality: Stabbing;Pain radiates to: L shoulder and R shoulder;Pain severity: Moderate;Pain is: Same all the time;Onset quality: Unable to specify;Timing: Intermittent;Progression: Worsening;Chronicity: Recu; Physical therapy, spinal injections, medicinal.; This study is being ordered for Other	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is C/O neck pain with radiation into her arms and hands. She also states she feels like she has pins and needles in her hands and is unable to grasp at times. Weakness in both arms noted.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	Patient is having neck and right shoulder pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is in a lot of pain.; 2014; There has been treatment or conservative therapy.; Chronic neck and back pain, MRI showed arthritis. patient has Pain and numbness.; Physical Therapy, Taking Naproxen, Pregablin; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	see attached office note; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; pain; Cymbalta; patient has also seen several specialist for her chronic pain, see attached office note; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this procedure is unknown.; It is unknown if any of these apply to the patient	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; The patient has None of the above	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	11	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient does not have any of the above listed items; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient has a neurological deficit; It is unknown if the trauma or injury occur within the past 72 hours.; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient has a neurological deficit; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient has a new onset or changing radiculitis / radiculopathy; It is unknown if the trauma or injury occur within the past 72 hours.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient has a new onset or changing radiculitis / radiculopathy; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had a diagnostic test (such as an EMG/nerve conduction) involving the cervical spine	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury occur within the past 72 hours.; There is new onset radiculitis/radiculopathy.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; It is unknown if any of these apply to the patient; The pain did NOT begin within the past 6 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had a diagnostic test (such as an EMG/nerve conduction) involving the cervical spine	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; The patient has None of the above	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	12 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; The patient has None of the above	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	10 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	18 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	23 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Thoracolumbar spine showed abnormalities. Thoracolumbar spine pain was elicited by motion. Lumbar/lumbosacral spine exhibited abnormalities. lumbosacral spine exhibited muscle spasms. Lumbosacral spine pain was elicited by motion. Thoracic spine showed a; Unknown ; MRI has been order at the request of pt orthopedic Dr.; There has been treatment or conservative therapy.; Pain; PT has been givin pain meds. and also pt has had X-rays; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	TO HELP RULE OUT SPINAL STENOSIS; THE INITIAL ONSET DATE OF THIS IS 7/6/2020; There has been treatment or conservative therapy.; LOWER BACK PAIN, PAIN IN THORACIC PAIN WITH PAIN IN BOTH HIPS; PATIENT HAS TRIED PT, AND INJECTION WITH NO IMPROVEMENT.; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	uploaded clinical; uploaded clinical; There has been treatment or conservative therapy.; uploaded clinical; uploaded clinical; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Uploading clinical; This study is being ordered for a neurological disorder.; uploading clinical; There has been treatment or conservative therapy.; uploading clinical; uploading clinical; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Uploading clinical; uploaded clinical; There has been treatment or conservative therapy.; Uploading clinical; Uploading clinical; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Wants referral to Neurologist for pain all over, mainly legs.osteoarthritis/spasms/low back pain/neck pain-she states she continues to have lower back pain that is constant and radiates down both posterior legs worse on left. She has tried PT, tylenol, ib; 09-05-2017; There has been treatment or conservative therapy.; all over pain,mainly legs; meds and physical therapy; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; greater than a year, ongoing and worsening. pt hasn't had MRI for this problem; There has been treatment or conservative therapy.; chronic worsening back pain, numbness in limbs; pt has been taking Tylenol, ibuprofen, and Aleve PRN for pain. Symtoms are worsening; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; Pt states the pain is often severe and she gets numbness in her fingers.; It is not known if there has been any treatment or conservative therapy.; Pt c/o pain on her neck, left arm and shoulder an down into the left side on her chest wall.; This study is being ordered for Other	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; March 2020; There has been treatment or conservative therapy.; Pain in neck and back.; Pt has had steroid, anti-inflammatory medications and pain medications. Pt with rapidly progressing symptoms.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 05/29/2020; There has not been any treatment or conservative therapy.; Abnormal Imaging . Several falls patient states that he legs will not hold her up . Legs give out and can not hold herself up .; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; unknown; There has been treatment or conservative therapy.; Pain in the shoulders and along the back.; Tramadol has been prescribed; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	; unknown; There has been treatment or conservative therapy.; pain; analgesics, PT, home exercises; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	abdominal pain thought to be coming from back per General Surgeon, MRI next step to check since CT already done.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	Back Pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 5/25/2020; There has been treatment or conservative therapy.; acute midline thoracic back pain, hnp cervical; over the counter meds, surgery on neck still having numbness and weakness in hands; This study is being ordered for Other	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 08/11/2020; It is not known if there has been any treatment or conservative therapy.; lower back pain from accident.; This study is being ordered for Neurological Disorder	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Congenital Anomaly.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/2020; There has been treatment or conservative therapy.; The pt has dorsalgia pain;; referred to an orthopedic specialist; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. Unknown; There has not been any treatment or conservative therapy.; Back pain.; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	MRI T AND LSPINE FOR DISC HERNIATION TREATMENT PLANNING; 5 YEARS AGO CHRONIC PAIN; There has been treatment or conservative therapy.; PAIN IN LOW BACK INTO LEGS; SEE CLCL; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	none; unknown; There has been treatment or conservative therapy.; pain; meds and PT; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Other exams show Bulging Discs, Stenosis and Scoliosis.; 05/11/2020; There has been treatment or conservative therapy.; Persistent back pain, tenderness and spasms.; Patient has tried pain medications, home exercises and PT.; This study is being ordered for Other	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Pain in lumbar spine since MVC not improved with chiropractor treatments.General surgeon completed workup and thinks pain in RLQ coming from Tspine and possibly due to MVC.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has suspected degeneration and stenosis at all levels (cervical, thoracic, and lumbar). Lumbar degeneration and stenosis has been confirmed.; Estimated onset is in 2016.; There has been treatment or conservative therapy.; Pain location: Occipital region;Quality: Stabbing;Pain radiates to: L shoulder and R shoulder;Pain severity: Moderate;Pain is: Same all the time;Onset quality: Unable to specify;Timing: Intermittent;Progression: Worsening;Chronicity: Recu; Physical therapy, spinal injections, medicinal.; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has been experiencing ongoing pain that has increased over time.; 11/08/2019; There has been treatment or conservative therapy.; Weakness in back. Muscle spasms. Experiencing numbness. Unable to stand for long periods of time; exercise. Nsaids.; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has left sided muscle weakness, severe scoliosis on x-ray, lumbar radiculopathy greater than 4 weeks.; This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Failed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Bilateral weakness of lower extremity causing decreased mobility.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed 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.; Flexeril 5mg ;Meloxicam 7.5 mg;Toradol 30 inj;Kenalog 40 inj;Decadron 4mg inj; 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 exercises instructions given on 6.19.2020;8 week follow up on 8.14.2020;Back pain;Location: Lumbar spine, thoracic spine and sacro-iliac joint ("Mid-Scapula" down to R hip);Quality: Shooting;Radiates to: R thigh;Pain severity: Moderate;Ons	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed 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.; meloxicam ,neproxin, baclofen; 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.; 11/11/2019 exercise helping back pain relief	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor with or without Metastasis; There is no evidence of tumor or metastasis on a bone scan or x-ray.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Thoracolumbar spine showed abnormalities. Thoracolumbar spine pain was elicited by motion. Lumbar/lumbosacral spine exhibited abnormalities. lumbosacral spine exhibited muscle spasms. Lumbosacral spine pain was elicited by motion. Thoracic spine showed a; Unknown ; MRI has been order at the request of pt orthopedic Dr.; There has been treatment or conservative therapy.; Pain; PT has been given pain meds. and also pt has had X-rays; This study is being ordered for Other	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	TO HELP RULE OUT SPINAL STENOSIS; THE INITIAL ONSET DATE OF THIS IS 7/6/2020; There has been treatment or conservative therapy.; LOWER BACK PAIN, PAIN IN THORACIC PAIN WITH PAIN IN BOTH HIPS; PATIENT HAS TRIED PT, AND INJECTION WITH NO IMPROVEMENT.; This study is being ordered for Other	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/07/2020; There has been treatment or conservative therapy.; chronic back pain; Physical therapy;LUMBAR LAMINECTOMY Surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Uploading clinical; uploaded clinical; There has been treatment or conservative therapy.; Uploading clinical; Uploading clinical; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	; 01/2017; There has been treatment or conservative therapy.; severe LBP, weakness and radiculopathy.; medication and therapy; This study is being ordered for Other	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	; 04/10/2020; There has been treatment or conservative therapy.; Chronic back and Neck Pain; Physical Therapy, At home exercises, Pain Medication, Ice/Heat; This study is being ordered for Other	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; 7/1/2020; There has been treatment or conservative therapy.; Pain in cervical and lumbar regions with radiculopathy down right arm and leg.; Prescription strength NSAIDs and light stretches.; This study is being ordered for Other	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; greater than a year, ongoing and worsening. pt hasn't had MRI for this problem; There has been treatment or conservative therapy.; chronic worsening back pain, numbness in limbs; pt has been taking Tylenol, ibuprofen, and Aleve PRN for pain. Symtoms are worsening; This study is being ordered for Neurological Disorder	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; March 2020; There has been treatment or conservative therapy.; Pain in neck and back.; Pt has had steroid, anti-inflammatory medications and pain medications. Pt with rapidly progressing symptoms.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06-03-19; There has been treatment or conservative therapy.; Pt reports that she has had a chronic headache that has not gone away in a long time. She says that she goes to bed with a headache and she will wake-up with a headache. She reports the HA is all over and will go down her neck. Light and sound make it wor; physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 05/29/2020; There has not been any treatment or conservative therapy.; Abnormal Imaging . Several falls patient states that he legs will not hold her up . Legs give out and can not hold herself up .; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	; unknown; There has been treatment or conservative therapy.; pain; analgesics, PT, home exercises; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	abdominal pain thought to be coming from back per General Surgeon, MRI next step to check since CT already done.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	ACUTE BACK PAIN FOR 4 WEEKS; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	auto accident this year increased pain/problems; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; lots of radiating pain bilateral shoulder/spine;; pains; injections for spinal & shoulder; pt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	Back Pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Concerning low back pain, reason for visit: Pain. The discomfort is most prominent in the lower, left lumbar spine. This radiates to the anterior and posterior thighs.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; PAIN; HEPPTanalgesics; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 08/11/2020; It is not known if there has been any treatment or conservative therapy.; lower back pain from accident.; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 06/11/2020; There has been treatment or conservative therapy.; pain radiating to from mid back to foot; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 6/23/2020; It is not known if there has been any treatment or conservative therapy.; member has numbness in legs, neck and lower back pain, losing grip of objects; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Congenital Anomaly.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/2020; There has been treatment or conservative therapy.; The pt has dorsalgia pain.; referred to an orthopedic specialist; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/18/2020; There has been treatment or conservative therapy.; back pain.; shunt. medication. anti-inflammatory; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. Unknown; There has not been any treatment or conservative therapy.; Back pain.; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	lower leg and ankle swollen, tender to palpation,EDEMA MILD in the lower extremities bilateral, 1-2+ pitting, dependent appearing edema, extending to the ankles symmetrically.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/2/2020 - Patient is a 36 year old female who presents today with a chief complaint of whole left leg hurting, swelling around ankle, yesterday was worse; toes are tingling, left shoulder blade and underneath armpit pain. C/o feeling fatigue reports slee; There has been treatment or conservative therapy.; EXTREMITIES: Homan's sign positive, left lower leg and ankle swollen, tender to palpation,EDEMA MILD in the lower extremities bilateral, 1-2+ pitting, dependent appearing edema, extending to the ankles symmetrically.; Were given on initial visit; on second visit leg was more swollen; pt. went to ER over the weekend. Was given Cyclobenzaprine HCL and Diclofenac Sodium on initial visit; One of	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	MRI T AND LSPINE FOR DISC HERNIATION TREATMENT PLANNING; 5 YEARS AGO CHRONIC PAIN; There has been treatment or conservative therapy.; PAIN IN LOW BACK INTO LEGS; SEE CLCL; This study is being ordered for Other	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	none; unknown; There has been treatment or conservative therapy.; pain; meds and PT; This study is being ordered for Neurological Disorder	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Other exams show Bulging Discs, Stenosis and Scoliosis.; 05/11/2020; There has been treatment or conservative therapy.; Persistent back pain, tenderness and spasms.; Patient has tried pain medications, home exercises and PT.; This study is being ordered for Other	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pain in lumbar spine since MVC not improved with chiropractor treatments.General surgeon completed workup and thinks pain in RLQ coming from Tspine and possibly due to MVC.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient complains of cervicgia. The location of discomfort is posterior. It radiates to the upper back. Initial onset was 4 weeks ago. The precipitating event seems to have been a fall. ; ;Dx with low back pain; reason for visit: Pain. The disc; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	PATIENT HAS TRIED PT AND CHRIO AND STILL HAVING WORSENING LOWER BACK PAIN.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is C/O neck pain with radiation into her arms and hands. She also states she feels like she has pins and needles in her hands and is unable to grasp at times. Weakness in both arms noted.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is in a lot o f pain.; 2014; There has been treatment or conservative therapy.; Chronic neck and back pain, MRI showed arthritis. patient has Pain and numbness.; Physical Therapy, Taking Naproxen, Pregablin; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	post surgical back pain after recent back 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has been experiencing ongoing pain that has increased over time.; 11/08/2019; There has been treatment or conservative therapy.; Weakness in back. Muscle spasms. Experiencing numbness. Unable to stand for long periods of time; exercise. Nsaids.; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has left sided muscle weakness, severe scoliosis on x-ray, lumbar radiculopathy greater than 4 weeks.; This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Pt wishes to see a neurosurgeon and orthopedic specialist for her pain. Both of these require indication for referral by recent MRI. Pt's quality of care will improve with indication of pain and correct treatment course.; This study is being ordered for Inflammatory/ Infectious Disease.; 02/25/2019; There has been treatment or conservative therapy.; Pain in r knee causing unsteady gait, and pain in lumbar spine with bilateral sciatica.; Pt has been treated with steroids, anti-inflammatory medications, pain medications and a custom order 6 day a week exercise with resistance training program.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	PT with worsening pain from hx left rotator cuff tear and chronic lower back pain that has not responded to conservative treatment.; This study is being ordered for trauma or injury.; 10/29/2013; There has been treatment or conservative therapy.; Pain in the left shoulder d/t hx left rotator cuff tear and chronic low back pain; NSAIDS and pain prescription therapy, conservative physician guided home exercise program.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	7 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for None of the above	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Trauma or recent injury	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	81 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	32 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	13 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	7 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	36 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	10 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	43 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Thoracolumbar spine showed abnormalities. Thoracolumbar spine pain was elicited by motion. Lumbar/lumbosacral spine exhibited abnormalities. lumbosacral spine exhibited muscle spasms. Lumbosacral spine pain was elicited by motion. Thoracic spine showed a; Unknown ; MRI has been order at the request of pt orthopedic Dr.; There has been treatment or conservative therapy.; Pain; PT has been given pain meds. and also pt has had X-rays; This study is being ordered for Other	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	TO HELP RULE OUT SPINAL STENOSIS; THE INITIAL ONSET DATE OF THIS IS 7/6/2020; There has been treatment or conservative therapy.; LOWER BACK PAIN, PAIN IN THORACIC PAIN WITH PAIN IN BOTH HIPS; PATIENT HAS TRIED PT, AND INJECTION WITH NO IMPROVEMENT.; This study is being ordered for Other	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/07/2020; There has been treatment or conservative therapy.; chronic back pain; Physical therapy;LUMBAR LAMINECTOMY Surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Uploading clinical; This study is being ordered for a neurological disorder.; uploading clinical; There has been treatment or conservative therapy.; uploading clinical; uploading clinical; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Uploading clinical; uploaded clinical; There has been treatment or conservative therapy.; Uploading clinical; Uploading clinical; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Wants referral to Neurologist for pain all over, mainly legs.osteoarthritis/spasms/low back pain/neck pain-she states she continues to have lower back pain that is constant and radiates down both posterior legs worse on left. She has tried PT, tylenol, ib; 09-05-2017; There has been treatment or conservative therapy.; all over pain,mainly legs; meds and physical therapy; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72159 Magnetic resonance angiography, spinal canal and	Radiology Services Denied Not Medically Necessary	This is a request for a spinal canal/contents MR Angiography.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Looking at a possible umbilical hernia.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	post op; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Worsen hip pain for one month.; This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; It is not known if there is physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	positive for HLA B27 and general x rays inconclusive need further testing with mri.; This is a request for a Pelvis MRI.; No, this is not a preoperative study.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	THE DOCTOR THINKS IT IS NECESSARY TO EVALUATE PATIENT FOR ANY UNDERLYING ETIOLOGY.; This study is being ordered for a neurological disorder.; PT HAS HAD BACK PAIN FOR SEVERAL YEARS, AND PT HAS HAD SURGERY ALSO.; There has been treatment or conservative therapy.; LOWER BACK PAIN THAT RADIATES INTO LOWER EXTREMITIES. PT ALSO HAVING TROUBLE WITH URINATION AND BOWEL MOVEMENTS DUE TO THIS.; PT HAS TRIED PHYSICAL THERAPY AND ALSO TAKES MEDICATION FOR HIS PAIN.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has vertigo muscle spasms blurred vision; This study is being ordered for trauma or injury.; 2015; There has been treatment or conservative therapy.; Patient is having is having pain can not sleep numbness dizziness; takes medication was getting injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The pain is described as chronic; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; The pain is from an old injury.; The member has not failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	auto accident this year increased pain/problems; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; lots of radiating pain bilateral shoulder/spine;; pains; injections for spinal & shoulder; pt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Chronic pain of both shoulders ;Positive for weakness and headaches. Negative for tingling. Positive for back pain. AP and lateral views of the cervical, thoracic and lumbar spine were;performed. There is mild curvature of the mid thoracic spine convex ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Congenital Anomaly.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; neck/back/shoulder pain; pain meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	Radiology Services Denied Not Medically Necessary	needs mri right shoulder for range of motion deficit ;;needs stress echo for syncope and doe; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for a neurological disorder.; 07/08/2020; There has been treatment or conservative therapy.; pain 10 out 10; PET, CT , NSAIDS, conservative treatment; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	Radiology Services Denied Not Medically Necessary	Patient is having neck and right shoulder pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Persistent right wrist pain. Began 6 weeks ago. Worsened by bearing weight. Stiffness, swelling and hot to touch. Treatment has been ineffective (heat, splinting and steroids). Exhibits decreased range of motion, tenderness and bony tenderness.; The pain is not from a recent injury, old injury, chronic pain or a mass.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	pt has history of ehlers-danlos syndrome, tingling and shooting pain when working, restricted range of motion; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	PT with worsening pain from hx left rotator cuff tear and chronic lower back pain that has not responded to conservative treatment.; This study is being ordered for trauma or injury.; 10/29/2013; There has been treatment or conservative therapy.; Pain in the left shoulder d/t hx left rotator cuff tear and chronic low back pain; NSAIDS and pain prescription therapy, conservative physician guided home exercise program.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Pt. rates pain at a 10. Was taken Anti-inflammatory in past ordered another provider. Has taken Ibuprofen or Naproxen with some relief. On exam: pt. unable to extend arm fully due to pain. Reports arm becomes numb with activity and has tingling in hand an; The pain is described as chronic; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	see attached office note; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; pain; Cymbalta; patient has also seen several specialist for her chronic pain, see attached office note; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or 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 a fall approximately 3 months ago was seen in Baptist ER for multiple injuries at that point in time x-rays of the shoulder were negative he is continued to have pain and decreased range of motion his left shoulder since that point.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; It is not known if the study is requested for shoulder pain.; This study is being ordered for something other than recent injury, planned surgery, mass, tumor or cancer, joint infection/inflammation, post operative evaluation, or aseptic necrosis	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	12 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 4 weeks or more of Chiropractic care.; The patient received medication other than joint injections(s) or oral analgesics.; Robaxin 500mg;Meloxicam 15mg	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Alternate ice/heat; The patient received oral analgesics.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Pain has not changed; The patient received oral analgesics.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received medication other than joint injections(s) or oral analgesics.; na	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has not been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has not been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; 4 weeks, with worsening signs and symptoms	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	12 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; There is a suspicion of fracture not adequately determined by x-ray.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 4 weeks or more of Chiropractic care.; The patient received oral analgesics.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 08/22/2020; There has been treatment or conservative therapy.; anterior and lateral right hip decreased ROM, pain, pain throughout the lumbar region; 08/22/20 steroid inj and pain med; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 9-1-2020; There has been treatment or conservative therapy.; swelling, bruising, pain; elevate, ice, ibuprofen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	n/a; This study is being ordered for a neurological disorder.; uknow; There has been treatment or conservative therapy.; Pain; Analgesics and PT.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	uploading clinical; This study is being ordered for Vascular Disease.; uploading clinical; There has been treatment or conservative therapy.; uploading clinical; uploading clinical; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 06/11/2020; There has been treatment or conservative therapy.; pain radiating to from mid back to foot; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; pain in foot & ankle (left); physical therapy, home exercises, medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Inflammatory/ Infectious Disease.; 01/31/2020; There has been treatment or conservative therapy.; Knee pain, joint pain, swelling, and effusion.; physical therapy, and medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	no change after conservative treatment; This study is being ordered for trauma or injury.; on 5-5-2020 pt was seen for fall injury to l knee causing pain and instability , and sent to physical therapy and given nsoids for pain . was seen today on 6-30-2020 for follow up. pain has worsened and; There has been treatment or conservative therapy.; pain edema and instability; 6 weeks physical therapy and nsoids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	patient cannot perform work brcause of pain pain getting worse; This study is being ordered for Inflammatory/ Infectious Disease.; 4/27/2020; There has been treatment or conservative therapy.; severe bilateral knee pain swelling patient unable to stand for long periods of time; Meds, exercise steroid injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Physical Therapy (06/2020 - no relief); X-ray (no fractures shown); Decreased range of motion in the foot and ankle.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/2019; There has been treatment or conservative therapy.; Foot and ankle Pain; Decreased range of motion in the foot and ankle.; Podiatry; Skelaxin; Physical Therapy; Motrin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Pt wishes to see a neurosurgeon and orthopedic specialist for her pain. Both of these require indication for referral by recent MRI. Pt's quality of care will improve with indication of pain and correct treatment course.; This study is being ordered for Inflammatory/ Infectious Disease.; 02/25/2019; There has been treatment or conservative therapy.; Pain in r knee causing unsteady gait, and pain in lumbar spine with bilateral sciatica.; Pt has been treated with steroids, anti-inflammatory medications, pain medications and a custom order 6 day a week exercise with resistance training program.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; 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.; Surgery or other intervention is planned in the next 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; It is unknown if this study is being ordered for evaluation of Morton's Neuroma.; It is unknown if surgery, fine needle aspirate or a biopsy is planned in the next 30 days.; A biopsy has NOT been completed.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	7	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	6	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Baker's cyst (swelling in the back of the knee) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	6 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Neoprene knee sleeve; The ordering MDs specialty is NOT Orthopedics.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	7	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	6	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	8	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; It is not known if the study is requested for ankle pain.; The study is not requested for any of the standard indications for Knee MRI	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	8 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; 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.; Non Joint is being requested.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is not a suspicion of an infection.; 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.; Non Joint is being requested.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	To rule out a suspected Achilles Tendon rupture.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	To rule out appendicitis; This study is being ordered for Inflammatory/ Infectious Disease.; September 21, 2020; There has been treatment or conservative therapy.; Route lower quadrant pain, painful knee, hurts when she walks; Knee surgery, physical therapy, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; March 2020; There has been treatment or conservative therapy.; Pain in neck and back.; Pt has had steroid, anti-inflammatory medications and pain medications. Pt with rapidly progressing symptoms.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for 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 chiropractor for hip pain has not had any PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 3-4 weeks ago; There has been treatment or conservative therapy.; fracture nerve impingementstenosis degenerative changessevere pain with ambulation and movement unable to preform daily activities; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	lower leg and ankle swollen, tender to palpation,EDEMA MILD in the lower extremities bilateral, 1-2+ pitting, dependent appearing edema, extending to the ankles symmetrically.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/2/2020 - Patient is a 36 year old female who presents today with a chief complaint of whole left leg hurting, swelling around ankle, yesterday was worse; toes are tingling, left shoulder blade and underneath armpit pain. C/o feeling fatigue reports slee; There has been treatment or conservative therapy.; EXTREMITIES: Homan's sign positive, left lower leg and ankle swollen, tender to palpation,EDEMA MILD in the lower extremities bilateral, 1-2+ pitting, dependent appearing edema, extending to the ankles symmetrically.; Were given on initial visit; on second visit leg was more swollen; pt. went to ER over the weekend. Was given Cyclobenzaprine HCL and Diclofenac Sodium on initial visit; One of	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does have a hip prosthesis on the left side that is causing her discomfort.; This study is being ordered for trauma or injury.; 5-11-2020; There has been treatment or conservative therapy.; Pain, redness and swelling as well as numbness.; Physical therapy for 5 weeks, pain medications and x-rays that do not show any acute injuries.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; Tendon or ligament injury is not suspected.; There is a suspicion of fracture not adequately determined by x-ray.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; Bilateral hip pain. Abdominal pain as well.; Rest, nsaid; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Kidney issue; 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 not experiencing hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has been diagnosed with localized CA and we need further imaging to evaluate the mass and to check all other areas.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for initial staging of a known tumor other than prostate.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is 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 a physical exam.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a vascular disease.; The requested studies are being ordered for known or suspected aneurysms and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of Hematuria.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc...; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc...; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	9	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The liver is enlarged.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; 07/14/2020; There has not been any treatment or conservative therapy.; Chest pain. Abdominal pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 07/16/2020; There has been treatment or conservative therapy.; abnormal bleeding, abdominal pain;;headache and syncope; pap smear and us for abnormal bleeding;;medication for headache; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	01/05/2020; There has been treatment or conservative therapy.; Worsening pain. Pain moving from leg to calf muscle.; Medication. Home therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	2 weeks.; There has been treatment or conservative therapy.; pain left upper quadrant, reports 8/10 on pain scale. pain radiates around to back. when she has pain cannot breathe. reports pain as severe. chest xray shows a lymph node mid-chest that needs evaluation due to weight loss. also had nodule right upper lobe; patient has taken stomach medications such as Pepcid, omeprazole, but nothing has improved symptoms. continues to have pain left upper quadrant.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	07/23/2020; There has not been any treatment or conservative therapy.; Weight loss almost 100lbs in last couple months, fatigue nausea and vomiting in the morning; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	08/05/2020; There has not been any treatment or conservative therapy.; abnormal weight loss; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	11/1/2019; There has not been any treatment or conservative therapy.; 23lbs weight loss in 10 months , bmi is down to 17 r/ u neoplastic process, increasing shortness of breath, copd pt, smoker 46 years; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for 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 chiropractor for hip pain has not had any PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	see attached office note- Weight loss, unintentional; Iron deficiency anemia due to chronic blood loss; History of tobacco abuse; There has been treatment or conservative therapy.; Iron deficiency anemia due to chronic blood loss; Weight loss, unintentional History of tobacco abuse; iron supplement for anemia; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; It is not known if the urinalysis was positive for billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for acute pain.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; It is not known if the urinalysis was positive for billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were 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 amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	9 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	13 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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.; It is not known if there are new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; It is not known if there is a palpable or observed abdominal mass.; Enter Additional Clinical Information Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; 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 does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient has Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Request to bypass clinicals.; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); cirrhosis of the liver; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); DECREASED APPETITIE AND WEIGHT LOSS; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); hypertension; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is not ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abdominal pain; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Enter Additional Clinical Information>>fax clinicals; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	14 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; 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 normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	11 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	10 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	6 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	5 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was abnormal.; The patient is under 50 years old.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	To rule out appendicitis; This study is being ordered for Inflammatory/ Infectious Disease.; September 21, 2020; There has been treatment or conservative therapy.; Route lower quadrant pain, painful knee, hurts when she walks; Knee surgery, physical therapy, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	for a tumor; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	74261 Computed tomographic (CT) colonography, diagnostic, including image	Radiology Services Denied Not Medically Necessary	; This CT Colonoscopy is being ordered for diagnostic purposes; It is unknown if the member had any colon screening studies completed prior to this request	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	Radiology Services Denied Not Medically Necessary	This is a request for a Bone Density Study.; Unknown if this patient had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.; The patient has not been on steroid therapy for more than 3 months.; This is not a repeat study due to a change in treatment or a change in symptoms of osteoporosis.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	; 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 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	Atypical chest pain and chronic fatigue-had been referred a few years ago for stress test but never went to have it done, feels like a heaviness, not necessarily related to exertion, sometimes happens just driving down the road, usually lasts 10-15 second; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	CHEST PAIN; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	Radiology Services Denied Not Medically Necessary	EKG showed LAD but no acute ischemic changes. Get stress test and Echo. Start NTG PRN CP. Nothing strenuous until results are back. Get CXR to r/o pulm dz; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	EKG, AND US DONE.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	Radiology Services Denied Not Medically Necessary	n/a; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	new chest pain, recent CT Coronary calcium score 257; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent CCTA to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	none; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	PT HAS BEEN BACK IN TO SEE THE DOCTOR AND IS STILL HAVING CHEST PAIN WITH EXERTION, ALSO NEAR SYNCOPE- LIGHTEADED ALL DAY AND FATIGUE. STRONG FM HX OF CAD AND MI'S. NO ALLEVIATING FACTORS. ALSO STATES SOB WITH WALKING AND LYING DOWN. HYPOTHYROIDISM AND HT; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; It is not known if the member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Radiology Services Denied Not Medically Necessary	uploading clinical; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	Patient has been diagnosed with localized CA and we need further imaging to evaluate the mass and to check all other areas.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Radiology Services Denied Not Medically Necessary	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	dizziness, syncope- likely secondary to orthostatic hypotension. needs echo for further evaluation and possible referral to cardiology; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/18/2020; There has been treatment or conservative therapy.; back pain.; shunt. medication. anti-inflammatory; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of an abnormal heart rhythm.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	5	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has abnormal heart sounds	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	Radiology Services Denied Not Medically Necessary	needs mri right shoulder for range of motion deficit ;;needs stress echo for syncope and doe; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; 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	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	checking for lung screening; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	n/a; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is 54 years old or younger.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; Patients who are NOT between the ages of 55 and 81 years of age do not meet the criteria for lung cancer screening.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	Single pulmonary nodule 6 month follow-up that as recommended by radiologist on last report.; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	SOB -duration x6 mos. Denies every completing a PFT study in the past. He has been a current every day smoker now for the last 40 years. Smoking averaging quarter to half PPD. He has not been on any inhaler therapy previously.; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	General/Family Practice	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Geriatrics	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Geriatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Geriatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Geriatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Geriatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; 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	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Geriatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Geriatrics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Geriatrics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	renal lesion, possible angiomyolipoma; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Geriatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Geriatrics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are clinical findings or indications of unexplained abdominal pain in patient over 75 years of age.; Other; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Geriatrics	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	renal lesion, possible angiomyolipoma; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Geriatrics	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	Enter answer here - or Type In Unknown If No Info Given. The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is no physical restriction to the member's ability to exercise	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Geriatrics	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	She has been having angina/chest pain w/ Exertion for the past 2 months. Reduced exercise tolerance-getting short of breath if she walks a block but not within the house. She has a prev h/o stroke. She went to the ER last month 2 days after an episode of ; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is no physical restriction to the member's ability to exercise	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Geriatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Geriatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Geriatrics	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		The patient had a LDCT scan done in November of 2019. The radiologist recommended the patient have a 6 month follow up LDCT.; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Geriatrics	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Geriatrics	Disapproval	70450 Computed tomography, head or brain; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Geriatrics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material		; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material		; There has not been any treatment or conservative therapy.; dyspnea and cough;RLL lesions; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material		A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gynecologic Oncology	Approval	71250 Computed tomography, thorax; without contrast material		Concern for cervical cancer; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gynecologic Oncology	Approval	72192 Computed tomography, pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. &fax clinicals; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gynecologic Oncology	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gynecologic Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	29yo F with history of cervical cancer s/p chemoradiation; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gynecologic Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	CERVICAL/UTERINE MASS.; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gynecologic Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; There has been treatment or conservative therapy.; ; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; There has not been any treatment or conservative therapy.; dyspnea and cough;RLL lesions; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gynecologic Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	3	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gynecologic Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; New Lesion found on kidney US. History of Bladder Cancer	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gynecologic Oncology	Approval	77046 Magnetic resonance imaging, breast, without contrast material;	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Concern for cervical cancer; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gynecologic Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Breast Cancer; This request is NOT for the initial diagnosis and/or initial staging of axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gynecologic Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Gynecologic Oncology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	ENDOMETRIAL CANCER; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Gynecologic Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material		for restaging of NHL with axillary and mediastinal adenopathy; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs speciality is Hematologist/Oncologist	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast		restaging, nslc; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	16 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a known brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70450 Computed tomography, head or brain; without contrast material	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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70486 Computed tomography, maxillofacial area; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70486 Computed tomography, maxillofacial area; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	check CT N/C/A/P soon to further evaluate his CLL and lymphadenopathy.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	CT N/C/A/P for restaging; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	for restaging of NHL with axillary and mediastinal adenopathy; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	11	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	17	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	5	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has 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.; The patient has been diagnosed with cancer.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	expressive aphasia; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Headaches and visual disturbances in the past 2 weeks; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	hx breast ca new enhancing area on CT Head needing further clarification with MRI; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Initial staging evaluation for Non-small cell carcinoma of left lung; I will also fax clinical documentation.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	newly dx lung ca; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	patient with known lung cancer with brain mets diagnosed in July 2020. Need new mri brain for restaging and for possible radiation if the mass has increased in size; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	9	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected tumor outside the brain best describes the patient's tumor.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested 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 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	42	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	4	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	; There has not been any treatment or conservative therapy.; ; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	; There has not been any treatment or conservative therapy.; Pericarditis and pericardial effusion. ;; primary symptoms here - or Type In Unknown If No Info Given; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	8 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	16 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	02/04/2020; There has been treatment or conservative therapy.; Nausea, bone pain, vomiting, shortness of breath; Chemotherapy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	03/28/2017; There has been treatment or conservative therapy.; Breast cancer; medications; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	04/17/2017; There has been treatment or conservative therapy.; Enlarged lymph nodes; Chemo; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	06/10/2015; It is not known if there has been any treatment or conservative therapy.; unknown; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	06/14/2017; There has been treatment or conservative therapy.; fatigue, weight loss, swelling lymphnodes, lymphoma; chemo and radiation; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	11/21/2018; There has been treatment or conservative therapy.; lung cancer; chemo; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	54 year old man with presumed metastatic prostate cancer. We will need CT chest/abdomen/pelvis especially since he complains of hematuria. PSA has been stable at 0.180 ng/ml. On lupron; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	66 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	check CT N/C/A/P soon to further evaluate his CLL and lymphadenopathy.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Chest mass, initial staging, rule out metastasis; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	CT N/C/A/P for restaging; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Elevated CEA; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	FOR 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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	for restaging of NHL with axillary and mediastinal adenopathy; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	he aslso has skeletal metastasis that was found on the last test.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	He later developed solitary right lung metastasis which was resected. He received Sutent initially and now Cabometyx since June 2018 the dose of which was optimized to 60 mg daily after lung metastatectomy; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Lung screen of 6-4-2020: showed small abnormal filling defect in one right upper lobe bronchi that is likely related to secretions. However, given the endobronchial location, this results in a 4A classification. a 3 month follow up is recommended to doc; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Patient has a mass measuring 1.6x07x1.0 cm in left upper lobe. Has a 30 pack/yr smoking history but does not currently smoke. a follow up CT in July showed a 1.6 cm left upper lobe nodule that is worrisome.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Patient is new to practice. Lab shows elevated kappa light chain at 42.0, normal 3.3-19.4 mm/L; K/L light chain ration, fee serum 2.36, normal 0.126 - 1.65; Ferritin 775, normal 17.9 - 464.0. Patient has a smoking history and was counseled on smoking ces; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 30 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Re-staging lung cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	restaging, nscic; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	Restaging; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	33	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	42	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	124 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	17 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	17 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	38 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	unintentional weight loss.;date unknown; There has not been any treatment or conservative therapy.; unintentional weight loss and abdominal pain and Leukocytosis; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71250 Computed tomography, thorax; without contrast material	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and	bring ordered for a chest and neck mass; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image	Follow up PE; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71275 Computed tomographic angiography, chest (noncoronary),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopath	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 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Chest mass, initial staging, rule out metastasis; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Follow up treatment of Cancer, Metastatic disease, Malignancy	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Follow up treatment of Cancer, Metastatic disease, Malignancy	4	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	This is a request for a thoracic spine MRI.; There is evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Follow up treatment of Cancer, Metastatic disease, Malignancy	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72192 Computed tomography, pelvis; without contrast material	Re-staging lung cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72192 Computed tomography, pelvis; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72192 Computed tomography, pelvis; without contrast material	The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; The patient has had at least 4 pelvis CTs.; The last pelvis CT was done more than 6 months ago.; 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.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72192 Computed tomography, pelvis; without contrast material	The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Chest mass, initial staging, rule out metastasis; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	metastatic rectal cancer; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	RESTAGING MULTIPLE MYELOMA; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	The ordering physician is an orthopedist.; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the pelvic girdle.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	7 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	73200 Computed tomography, upper extremity; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint;	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	9 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	73706 Computed tomographic angiography, lower extremity, with contrast	Yes, this is a request for CT Angiography of the lower extremity.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a foot MRI.; The study is not being ordered for foot pain, known dislocation, infection,suspected fracture, known fracture, pre op, post op or a known/palpated mass.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	for evaluation of liver and spleen with low platelets; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; 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.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is a request for initial staging of a known tumor other than prostate.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The spleen is enlarged.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; There has not been any treatment or conservative therapy.; ; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	02/04/2020; There has been treatment or conservative therapy.; Nausea, bone pain, vomiting, shortness of breath; Chemotherapy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	03/28/2017; There has been treatment or conservative therapy.; Breast cancer; medications; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	04/17/2017; There has been treatment or conservative therapy.; Enlarged lymph nodes; Chemo; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	04/30/20; There has been treatment or conservative therapy.; ANEMIA REQUIRING BLOOD TRANSFUSION; BLOOD TRANDUSION; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	06/10/2015; It is not known if there has been any treatment or conservative therapy.; unknown; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	06/14/2017; There has been treatment or conservative therapy.; fatigue, weight loss, swelling lymphnodes, lymphoma; chemo and radiation; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	11/21/2018; There has been treatment or conservative therapy.; lung cancer; chemo; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	check CT N/C/A/P soon to further evaluate his CLL and lymphadenopathy.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	clinicals attached; This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	CT N/C/A/P for restaging; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	for restaging of NHL with axillary and mediastinal adenopathy; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	restaging, nsclc; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	33 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	42 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	123 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	17 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	35 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if 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 Rule out metastases; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are clinical findings or indications of unexplained abdominal pain in patient over 75 years of age.; Other; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Re staging ovarian cancer.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	12	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This 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.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; This patient has known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	34	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unintentional weight loss.;date unknown; There has not been any treatment or conservative therapy.; unintentional weight loss and abdominal pain and Leukocytosis; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Chest mass, initial staging, rule out metastasis; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 4 or more follow-up abdomen MRIs.; The last abdomen MRI was performed more than 6 months ago.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; METASTATIC ADENOCARCINOMA OF THE COLON-LIVER. PT HAD 6MONTH CHEMO AND RESULTED IN COMPLETE REMISSION. PT DUE FOR 6MONTH MRI OF ABDOMEN.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient had chemotherapy, radiation therapy or surgery in the last 3 months.	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Ms. Mayer was diagnosed as widely metastatic small cell lung cancer back in February of 2020. She has now had six rounds of chemotherapy with a very dramatic improvement by PET scan in May. She had less than 5% involvement of the liver which started at	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Newly diagnosed hepatocellular cancer.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "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 U;known If No Info Given. LIVER LESIONS NOTED ON CT WITH RECOMMENDATION OF MRI TO DETERMINE IF MALIGNANCY	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Recent CT scan of the abdomen pelvis was concerning for development of hepatocellular carcinoma which does not appear to have been present on recent imaging studies in January 2020	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "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."; Findings: Noted are several T2 hyperintense cystic lesions in the pancreas. The;largest is in the pancreatic body measuring 2.4 x 2.0 cm. This is decreased from 3.1 x 2.2;cm on the prior MRI. This demonstrates communication with the main pancreatic duct	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a tumor.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	75557 Cardiac magnetic resonance	This is a request for a heart or cardiac MRI	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast	Breast cancer, staging; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered 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).	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging,	Agreed test from P2P, from denied PET scan; This is a request for an MRI Bone Marrow.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	9 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	3 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The last MUGA scan was performed more than 3 months ago.;	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.;	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction,	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; Enter answer here - or Type In Unknown If No Info Given. >	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "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.; Ms. Underwood has metastatic HER-2 positive, ER positive breast cancer. The metastases are in subpectoral nodes and axilla by PET scan. She has no distant disease. The large mass involves the dermis and is locally very extensive. We talked about all of th	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic),	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The patient has not had a previous MUGA scan.;	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.;	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; cardiac function prior to starting chemo	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction,	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.; Family history of cancer; patient has multiple risk factors, large tumor size over 5 cm. Recommend dose dense AC followed by weekly Paclitaxel x 12, five months of total treatment followed by post-mastectomy radiation, endocrine therapy x 10 years and Z	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; for cardiac function prior to cardiotoxic chemotherapy	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; Metastatic melanoma; about to begin treatment with braftovi and mektovi. Need baseline to start	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; MUGA Scan STAT to assess baseline heart function prior to beginning cardiotoxic chemotherapy on Tuesday	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Colo-rectal Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; 3 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; More than 4 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Breast Cancer; This request is NOT for the initial diagnosis and/or initial staging of axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Other solid tumor(s); This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired	Initial staging evaluation for Non-small cell carcinoma of left lung; I will also fax clinical documentation.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Breast Cancer; This request is NOT for the initial diagnosis and/or initial staging of axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Melanoma; This request is NOT for initial diagnosis and/or initial staging of regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Colo-rectal Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	10	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	8	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Brain Cancer/Tumor or Mass; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Other solid tumor(s); This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Ovarian or Esophageal Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Breast Cancer; This request is NOT for the initial diagnosis and/or initial staging of axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Melanoma; This request is NOT for initial diagnosis and/or initial staging of regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	6 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Other solid tumor(s); This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Ovarian or Esophageal Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; 3 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Melanoma; This request is NOT for initial diagnosis and/or initial staging of regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 3 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 3 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 3 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Other solid tumor(s); This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 4 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Thyroid Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Colo-rectal Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; More than 4 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; More than 4 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; More than 4 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Other solid tumor(s); This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Melanoma; This request is for initial diagnosis and/or initial staging of regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Prostate Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with 18F-Fluciclovine (Axium)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with Dotatate (Gallium GA 68-Dotatate)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Melanoma.; This is NOT a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for None of the above or don't know; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT)	This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was NOT performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Breast Cancer; This request is NOT for the initial diagnosis and/or initial staging of axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Colo-rectal Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Head/Neck Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	5	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Other solid tumor(s); This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Other solid tumor(s); This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Ovarian or Esophageal Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	78816 Positron emission tomography (PET) with concurrently acquired	treatment response for bladder ca; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	caller bypassed clinicals and will fax them in.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	ONGOING TREATMENT WITH CHEMO; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	4	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	17	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	9 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	70490 Computed tomography, soft tissue neck; without contrast	Radiology Services Denied Not Medically Necessary	restaging, lymphoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	04/30/20; There has been treatment or conservative therapy.; ANEMIA REQUIRING BLOOD TRANSFUSION; BLOOD TRANSDUSION; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	09/2017; There has been treatment or conservative therapy.; vision Loss; Chemo; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chills, night sweats, elevated WBC.New Oncology Problems/Diagnoses: 'Nipple discharge(611.79/N64.52)'. Current Oncology Problems/Diagnoses: 'Elevated white blood cell;count, unspecified(288.60/D72.829)'.; There has not been any treatment or conservative therapy.; ; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter date of initial onset here - or Type In Unknown If No Info DERMATOMYOSITIS, AND CONTINUED SURVEILLANCE OF PULM NODULE TO ESTABLISH STABILITY, AND ENLARGED PROSTATE GLAND; There has not been any treatment or conservative therapy.; ; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Inflammatory / Infectious Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	for elevated CEA and smoking; There has not been any treatment or conservative therapy.; elevated CEA; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	none; It is not known if there has been any treatment or conservative therapy.; none; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	restaging, lymphoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Splenectomy 2018; It is not known if there has been any treatment or conservative therapy.; HPI:;Mr. Whitkanack is a very pleasant 38 year old male who presents to the clinic today at the request of John Herring, MD for further evaluation and management of his leukocytosis. He had a splenectomy in 2018 and his WBC has been elevated since that ; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	BACK PAIN; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Mr. Loudermilk is a 60-year-old man with new diagnosis of anal squamous cell carcinoma. He had bleeding per rectum and underwent a colonoscopy which confirmed a mass and biopsy is consistent with squamous carcinoma in situ. Definite stromal invasion was; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	09/2017; There has been treatment or conservative therapy.; vision Loss; Chemo; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Chills, night sweats, elevated WBC.New Oncology Problems/Diagnoses: 'Nipple discharge(611.79/N64.52)'. Current Oncology Problems/Diagnoses: 'Elevated white blood cell;count, unspecified(288.60/D72.829)'.; There has not been any treatment or conservative therapy.; ; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter date of initial onset here - or Type In Unknown If No Info DERMATOMYOSITIS, AND CONTINUED SURVEILLANCE OF PULM NODULE TO ESTABLISH STABILITY, AND ENLARGED PROSTATE GLAND; There has not been any treatment or conservative therapy.; ; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Inflammatory / Infectious Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	for elevated CEA and smoking; There has not been any treatment or conservative therapy.; elevated CEA; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	none; It is not known if there has been any treatment or conservative therapy.; none; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	restaging, lymphoma; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Splenectomy 2018; It is not known if there has been any treatment or conservative therapy.; HPI:;Mr. Whitkanack is a very pleasant 38 year old male who presents to the clinic today at the request of John Herring, MD for further evaluation and management of his leukocytosis. He had a splenectomy in 2018 and his WBC has been elevated since that ; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	75557 Cardiac magnetic resonance	Radiology Services Denied Not Medically Necessary	This is a request for a heart or cardiac MRI	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the study is requested for suspected or known coronary artery disease.; The member has known or suspected coronary artery disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion	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 not be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.;	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise	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.; The last MUGA scan was performed within the last 3 months.;	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise	Radiology Services Denied Not Medically Necessary	This is a request for a MUGA scan.; This study is NOT being ordered for Chemotherapy, Known Cardiomyopathy/ Myocarditis, Suspected Cardiomyopathy/ Myocarditis, or Congestive Heart Failure.; STEM CELL TRANSPLANT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 3 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; It is unknown if a sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Breast Cancer; This request is NOT for the initial diagnosis and/or initial staging of axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; 3 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Colo-rectal Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; 3 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Other solid tumor(s); This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; 3 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Ovarian or Esophageal Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; 4 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Other solid tumor(s); This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; More than 4 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; More than 4 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Ovarian or Esophageal Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Melanoma; This request is for initial diagnosis and/or initial staging of regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Prostate Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with Dotatate (Gallium GA 68-Dotatate)	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	5	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Melanoma.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; 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 Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	7	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Melanoma.; This is NOT a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Prostate Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; 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 Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 3 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Melanoma.; This is NOT a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; 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 Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT)	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was NOT performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT)	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being requested for Melanoma.; This is NOT a Medicare member.; A sentinel biopsy was NOT performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hematologist/Oncologist	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >FAX CLINICALS; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is not being ordered for: CAD, post MI evaluation, or as a pre/post operative evaluation.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hospital	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hospital	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast		This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hospital	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hospital	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Hospital	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Industrial Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Industrial Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Infectious Diseases	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Abscess, lung or mediastinum. Sinusitis, invasive fungal suspected. Acute myeloid leukemia not having achieved remission. Pre-transplant evaluation for stem cell transplant invasive aspergillosis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material	Abscess, lung or mediastinum. Sinusitis, invasive fungal suspected. Acute myeloid leukemia not having achieved remission. Pre-transplant evaluation for stem cell transplant invasive aspergillosis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Infectious Diseases	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Infectious Diseases	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; vertebral discitis/osteomyelitis w/ associated sub- and epi-dural empyema and T9-10 prevetebral phlegomonous changes 2/2 MSSA. Neurosurgery evaluated but recommended conservative management as there was no drainable collection.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Infectious Diseases	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected infection or abscess	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Infectious Diseases	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Infectious Diseases	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for osteomyelitis.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Infectious Diseases	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient 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.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Infectious Diseases	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Infectious Diseases	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Infectious Diseases	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Infectious Diseases	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has an enlarged heart; enlarged heart may be the reason fo cardiomyopathy.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Infectious Diseases	Approval	93307 Echocardiography, transthoracic, real-time with image documentation		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Infectious Diseases	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Infectious Diseases	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Infectious Diseases	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Clinical notes faxed; This study is being ordered for Inflammatory/ Infectious Disease.; 08/13/2020; There has been treatment or conservative therapy.; Clinical notes faxed; Clinical notes faxed; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Infectious Diseases	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Infectious Diseases	Disapproval	73700 Computed tomography, lower extremity; without contrast	Radiology Services Denied Not Medically Necessary	This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Infectious Diseases	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; 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.; Surgery or other intervention is not planned for in the next 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Infectious Diseases	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Clinical notes faxed; This study is being ordered for Inflammatory/ Infectious Disease.; 08/13/2020; There has been treatment or conservative therapy.; Clinical notes faxed; Clinical notes faxed; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		Enter answer here - or Type In Unknown If No Info Given. This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material		Head trauma. Pt fell yesterday and hit her head. Pt is on anticoagulants and needs CT performed to rule out bleed.; 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	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	patient has 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	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.	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	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	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast	This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital abnormality.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack) with onset of symptoms less than 48 hours ago.; This is a Medicare member.	7 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	Mrs. Harness recently had a MRI of the brain due to dizziness. She was treated with antibiotics. She was noted to have opacification of the sphenoid sinus. She continues to have dizziness and headaches daily. .; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	possible orbital floor fracture; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	sinusitis times 2 to 3 weeks. Been on anitbiotics since 08/25/2020.Not getting any better.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast	This is a request for neck soft tissue CT.; There has been recent trauma or other injury to the neck.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70498 Computed tomographic angiography, neck, with contrast	Yes, this is a request for CT Angiography of the Neck.	6 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Benign intracranial hypertension ;Dx: Pseudo tumor cerebri ;Has chronic headache and recent eye exam suggests pseudo tumor cerebral with optic nerve and disc findings.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	needs MRI to see what's going on; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	6 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has been diagnosed with known Multiple Sclerosis.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; Other causes have been ruled out.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; Other causes have NOT been ruled out.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The 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	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; This is a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has undergone treatment for multiple sclerosis.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; It is unknown if the patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; It is not known if there has been any treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; There has been treatment or conservative therapy.; During the last 2 months he has continued to decline, during the last 4 weeks he has persisting nausea, vomiting, significant decreased appetite, he denies any dysphagia, odynophagia. He does have evidence of oral thrush and mouth blisters. He also has ; Ondansetron 8mg;midodrine (PROAMATINE) 5 mg tablet ;fluconazole (DIFLUCAN) 200 mg tablet ;chlorhexidine gluconate 0.12 % Mouthwash ;lidocaine-diphenhydramin-Al-magnesium-simethicone (FIRST-MOUTHWASH) 200-25-400-40 mg/30 mL Mouthwash ;pantoprazole (PR); The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	3 mm lung nodule; 1 yr f/u; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	3 mo f/u nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	2018; There has been treatment or conservative therapy.; NODULSE IN THE LUNG; CHEMO-THERAPY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	10 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	April 2020; There has not been any treatment or conservative therapy.; Patient has symptoms follow up to Pre- OpBone pain; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Hemoptysis, LAD, history of cancer, exposure to asbestos.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Lung nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	On 8/19/2020 patients chief complaint was a right chest wall mass for three weeks. A request for advanced films studies for further diagnostics of possible 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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient had a 6mm nodule on her lung; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has COPD and a lung nodule; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus); The member has NOT been tested for Covid-19.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	<p>Patient has waxing and waning appearance of pulmonary nodules within the lungs bilaterally and is suggestive of infectious/inflammatory process. Previously referenced nodules have decreased in size and demonstrate no metabolic uptake. There is low metabo; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	<p>The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	<p>There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Patient has been having cough since 08/04/2020. Persistent. Covid test negative with bronchitis has had Short of Breath.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has been tested for Covid-19.; The result was negative.; The member does NOT have a complication of suspected Covid-19.</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	<p>There is radiologic evidence of non-resolving pneumonia after at least 4 weeks of treatment.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	trying to rule out lymphadenopathy; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	unknown; There has been treatment or conservative therapy.; pneumonia; medications; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71250 Computed tomography, thorax; without contrast material	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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	annual follow up of 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 Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are no signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 to 4 years ago; There has been treatment or conservative therapy.; Started out small and is growing with more pain radiating to the arm and shoulder.; Over the counter meds, Tylenol, ibuprofen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material	There are no documented clinical findings of immune system suppression.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; None of the options listed is the reason for the study.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing cervical neck pain not improving despite treatment.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72128 Computed tomography, thoracic spine; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 to 4 years ago; There has been treatment or conservative therapy.; Started out small and is growing with more pain radiating to the arm and shoulder.; Over the counter meds, Tylenol, ibuprofen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	; October 22, 2018; There has been treatment or conservative therapy.; Symptoms of parkinsons disease, multiple falls; inpatient PT, pain management; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. Will fax in clinicals; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given This study is being ordered for Other	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	HAS ONLY HAD HEADACHE 2 TO 3 TIMES IN HER LIFES. BAD HEADACHE TAKING TYLENOL AND IBUPROFEN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08-08-2020; There has not been any treatment or conservative therapy.; HEADACHE, PAIN IN RIGHT SIE OF NECK GOES INTO RIGHT ARM. HEADACHE WORSE WITH NOISE AND LIGHT. HAD NAUSEA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; 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.; Clinicals attached	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	; October 22, 2018; There has been treatment or conservative therapy.; Symptoms of parkinsons disease, multiple falls; inpatient PT, pain management; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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.; multi level Degenerative disc disease mid and lower back plain film of T- spine ; CT or MI for further evaluation	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; There is a known condition of neurological deficits.; The study is being ordered due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of recent fracture on previous imaging studies.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for a thoracic spine MRI.; There is x-ray or laboratory evidence of osteomyelitis.; The study is being ordered due to known or suspected infection or abscess.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for a thoracic spine MRI.; There is x-ray or laboratory evidence of paraspinal abscess.; The study is being ordered due to known or suspected infection or abscess.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This study is being ordered for staging.; This is a request for a thoracic spine MRI.; "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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	; October 22, 2018; There has been treatment or conservative therapy.; Symptoms of parkinsons disease, multiple falls; inpatient PT, pain management; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Dextrosciosis with multilevel degeneration, most severe at L4-5 ;back pain; 4 falls this year for various reasons, mostly tripping and poor 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. Will fax in clinicals; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	loss of sensation in left lower extremity, fracture with pins in 1976 left leg, deformity between knee and ankle left side; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	pt is having worsening back pain cant sleep at night. Pt is no longer on pain meds. Dr made referral for pain management. pt has been using over the counter meds, and tizanidine. Tizanidine causing hallucinations. plan is to try low-dose mirtazapine. Dr r; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected infection or abscess	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	12 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	6 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72192 Computed tomography, pelvis; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72192 Computed tomography, pelvis; without contrast material	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.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 04/28/2020; There has been treatment or conservative therapy.; pain; 6 weeks PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	73706 Computed tomographic angiography, lower extremity, with contrast	Yes, this is a request for CT Angiography of the lower extremity.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 04/28/2020; There has been treatment or conservative therapy.; pain; 6 weeks PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a foot MRI.; 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.; It is not known if surgery is planned for in the next 4 weeks.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an indication for knee imaging	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is a study for a fracture which does not show healing (non-union fracture).; Non Joint is being requested.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Suspected avascular necrosis of the left hip: X-ray shows findings suspicious of this. Will pursue MRI and refer her to Ortho for further evaluation; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; 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 has a documented limitation of their range of motion.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	Eval for hiatal (per pt hx) and epigastric (seen on physical exam) hernias. Pt is experiencing intermittent abdominal pain.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a vascular disease.; The requested studies are being ordered for known or suspected aneurysms and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of unexplained abdominal pain in patient over 75 years of age.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with	This is a request for CT Angiography of the Abdomen and Pelvis.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; It is not known if there has been any treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; There has been treatment or conservative therapy.; ; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	<p>; There has been treatment or conservative therapy.; During the last 2 months he has continued to decline, during the last 4 weeks he has persisting nausea, vomiting, significant decreased appetite, he denies any dysphagia, odynophagia. He does have evidence of oral thrush and mouth blisters. He also has ; Ondansetron 8mg;midodrine (PROAMATINE) 5 mg tablet ;fluconazole (DIFLUCAN) 200 mg tablet ;chlorhexidine gluconate 0.12 % Mouthwash ;lidocaine-diphenhydramin-AI-magnesium-simethicone (FIRST-MOUTHWASH) 200-25-400-40 mg/30 mL Mouthwash ;pantoprazole (PR; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed</p>	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	<p>07/2020; There has been treatment or conservative therapy.; weight loss BMI 13; increase calories, had a colonoscopy that came back fine. High calorie shakes.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease</p>	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	<p>2018; There has been treatment or conservative therapy.; NODULSE IN THE LUNG; CHEMO-THERAPY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease</p>	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	April 2020; There has not been any treatment or conservative therapy.; Patient has symptoms follow up to Pre- OpBone pain; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	7	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); cyst kidney; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are clinical findings or indications of Lymphadenopathy.; Other; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Other; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Enter Additional Clinical Information Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient is having abdomen distention, abdomen has benn bulging for some time. just getting bigger.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	6 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is a suspicion of an adrenal mass.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	3 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	unknown; There has been treatment or conservative therapy.; pneumonia; medications; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Inflammatory / Infectious Disease	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if the patient has a renal cyst or tumor.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Yes, this is a request for CT Angiography of the abdominal arteries.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	78071 Parathyroid planar imaging (including	This is a request for Parathyroid SPECT imaging.; Parathyroid adenoma	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	Cardiomyopathy, History of pulmo embolism, advanced COPD, acute on chronic diastolic heart failure w/new symptoms; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	PAntient satates having chest pain, short of breath at times especially with bending over. Chest feels tight frequently in middle of her chest. Blood pressure elevated; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; It is unknown if the symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is no physical restriction to the member's ability to exercise	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This is for a preoperative evaluation of a non cardiac surgery involving general anesthesia; This study is being ordered for Preoperative evaluation of a non cardiac surgery involving general anesthesia	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has been greater than 2 years since the surgery/procedure or last cardiac imaging.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is a physical restriction to the member's ability to exercise	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is a physical restriction to the member's ability to exercise	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	UNKNOWN; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	Enter answer here - or Type In Unknown If No Info Given. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Frequent PVCs Noted on exam. ;EKG with frequent PVCs, prolonged QT;;Cardiovascular: ;Rate and Rhythm:Normal rate. Rhythm irregular;;HTN/CAD/ CHF;30-35% EF in 2017;2018 SPECT EF 45% with hypokinesia of the inferior and lateral walls. s/p cath 3/18 ; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler	She notes having some shortness of breath and weakness at this time.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; It has NOT been at least 24 months since the last echocardiogram was performed.; The patient has high blood pressure	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	6 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	9 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	22 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	3 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY		Patient complains of epigastric pain that radiates around to back. Has elevated bilirubin also. Had US Liver on 9/8/20 that showed mild splenomegaly with concern for a distal obstruction. MRCP was recommended; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Has chronic insomnia and also some "indentions in her skull" without head injury. She has some mild 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	HAS ONLY HAD HEADACHE 2 TO 3 TIMES IN HER LIFES. BAD HEADACHE TAKING TYLENOL AND IBUPROFEN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08-08-2020; There has not been any treatment or conservative therapy.; HEADACHE, PAIN IN RIGHT SIE OF NECK GOES INTO RIGHT ARM. HEADACHE WORSE WITH NOISE AND LIGHT. HAD NAUSEA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	headache for several month not relieved by medication; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Evaluation of known or suspected brain bleeding (hemorrhage, hematoma, subdural) best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	6	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; It is unknown if the lump got smaller.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for recent trauma or other injury.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	70496 Computed tomographic angiography, head, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for a neurological disorder.; 07/01/2020; There has been treatment or conservative therapy.; numbness and tingling left side face and arm, dizziness, unsteadiness on feet; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	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	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; It is unknown if there are documented localizing neurologic findings.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	07/2020; There has been treatment or conservative therapy.; weight loss BMI 13; increase calories, had a colonoscopy that came back fine. High calorie shakes.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	9/25/20; There has not been any treatment or conservative therapy.; Abnormal weight loss, previous cancer history; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	COPD mixed type; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has been tested for Covid-19.; The result was negative.; The member has a complication of suspected Covid-19.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Mass of right chest wall; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	ongoing shortness of breath issues. Patient wanting to know why he is still having shortness of breath problems since pneumonia in March if all tests so far are negative. He has had follow-up chest xrays at Conway Regional and had a pulmonary function tes; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020 7/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	<p>She had a CT of her neck as part of her preop carotid surgery and there was some nodule seen in the left upper lobe. Discussed with her she needs a formal CT of the chest.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).; The member has been tested for Covid-19.; The result was negative.; The member does NOT have a complication of suspected Covid-19.</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020 7/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	<p>There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Enter answer here - or Type In Unknown If No Info Given. "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	WILL FAX CLINICAL; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for a neurological disorder.; 07/01/2020; There has been treatment or conservative therapy.; numbness and tingling left side face and arm, dizziness, unsteadiness on feet; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without	Radiology Services Denied Not Medically Necessary	This study is being ordered for inflammatory disease.; The ordering physician is not a surgeon or pulmonologist.; There is no radiologic evidence of non-resolving pneumonia.; There is radiologic evidence of tuberculosis or fungal infection.; This is a request for a chest MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	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 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	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Patient suffers from Cervical Pain and Swelling; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Physician wants to see if there are any new changes with condition; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient has not been back to pain management since COVID19/ Patient states that she has mild to moderate chronic cervical spine pain and lumbar discomfort. Patient states that prior steroid injections have been ineffective. Patient has SOB when walking w; There has been treatment or conservative therapy.; Chronic neck pain along with lumbar pain; Patient has seen pain management for pain and has also been referred to Orthopedic surgeon for Cervial Radiculopathy pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	PT FELL HIT NECK AND HEAD DR WANTS STAT CT HEAD AND 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	Pt has Hx of CAD; PE, sharp anterior chest pain radiating into her neck; further evaluation; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	Physician wants to see if there are any new changes with condition; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient has not been back to pain management since COVID19/ Patient states that she has mild to moderate chronic cervical spine pain and lumbar discomfort. Patient states that prior steroid injections have been ineffective. Patient has SOB when walking w/; There has been treatment or conservative therapy.; Chronic neck pain along with lumbar pain; Patient has seen pain management for pain and has also been referred to Orthopedic surgeon for Cervial Radiculopathy pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	A.s; This study is being ordered for Inflammatory/ Infectious Disease.; na; There has been treatment or conservative therapy.; A.S; na; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 07/18/2020; There has been treatment or conservative therapy.; Neck and back pain, numbness left arm and left leg; PT nsaid; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	EVAL FOR DISC HERNIATION S/P INJURY; PAIN IN BACK; There has not been any treatment or conservative therapy.; LEFT SIDED NECK PAIN RADIATING DOWN INTO MID BACK AND ARMS.;LOW BACK PAIN RADIATING INTO BUTTOCKS.; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	n/a; unknown; There has been treatment or conservative therapy.; Patient has pain.; analgesics and PT; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary	none; 03/12/20; There has been treatment or conservative therapy.; pain, numbness that goes into the right arm, pain in neck and low back; physical therapy and mobic; This study is being ordered for Other	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Standing or walking very long the left leg goes to sleep. Has to sit down to regain sensation. Has not caused him to fall, but starts to feel weak too, prompting him to go ahead and sit down. The right leg has occasional shooting pain, also, but has n; 2011; There has been treatment or conservative therapy.; L leg goes to sleep after walking, weakness, pain, radiculopathy, shooting pain in R leg; Oral medication, applying heat to affected area, other conservative measures, ROM exercises; This study is being ordered for Inflammatory / Infectious Disease	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this procedure is unknown.; It is unknown if any of these apply to the patient	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; The patient has None of the above	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	; 12/17/2019; There has been treatment or conservative therapy.; Back pain from mid thoracic area; Pain meds; muscle relaxers; Tylenol; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	A.s; This study is being ordered for Inflammatory/ Infectious Disease.; na; There has been treatment or conservative therapy.; A.S; na; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 07/18/2020; There has been treatment or conservative therapy.; Neck and back pain, numbness left arm and left leg; PT nsaid; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. About 16 years ago; There has been treatment or conservative therapy.; Pulsating pain sensation in lower extremities, tenderness in the thoracic and lumbar back; Chiropractic care since July; This study is being ordered for Other	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	EVAL FOR DISC HERNIATION S/P INJURY; PAIN IN BACK; There has not been any treatment or conservative therapy.; LEFT SIDED NECK PAIN RADIATING DOWN INTO MID BACK AND ARMS.;LOW BACK PAIN RADIATING INTO BUTTOCKS.; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	n/a; unknown; There has been treatment or conservative therapy.; Patient has pain.; analgesics and PT; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	Radiology Services Denied Not Medically Necessary	none; 03/12/20; There has been treatment or conservative therapy.; pain, numbness that goes into the right arm, pain in neck and low back; physical therapy and mobic; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; decadrin; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	; 12/17/2019; There has been treatment or conservative therapy.; Back pain from mid thoracic area; Pain meds; muscle relaxers; Tylenol; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	A.s; This study is being ordered for Inflammatory/ Infectious Disease.; na; There has been treatment or conservative therapy.; A.S; na; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. About 16 years ago; There has been treatment or conservative therapy.; Pulsating pain sensation in lower extremities, tenderness in the thoracic and lumbar back; Chiropractic care since July; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Trauma / Injury; It is unknown if there are neurological deficits on physical exam	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 08/01/2020; There has been treatment or conservative therapy.; serve low back pain, serve pelvic pain, barely walk; anti-inflammatory medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. &FAX CLINICALS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	EVAL FOR DISC HERNIATION S/P INJURY; PAIN IN BACK; There has not been any treatment or conservative therapy.; LEFT SIDED NECK PAIN RADIATING DOWN INTO MID BACK AND ARMS.;LOW BACK PAIN RADIATING INTO BUTTOCKS.; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	none; 03/12/20; There has been treatment or conservative therapy.; pain, numbness that goes into the right arm, pain in neck and low back; physical therapy and mobilization; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Standing or walking very long the left leg goes to sleep. Has to sit down to regain sensation. Has not caused him to fall, but starts to feel weak too, prompting him to go ahead and sit down. The right leg has occasional shooting pain, also, but has not; 2011; There has been treatment or conservative therapy.; L leg goes to sleep after walking, weakness, pain, radiculopathy, shooting pain in R leg; Oral medication, applying heat to affected area, other conservative measures, ROM exercises; This study is being ordered for Inflammatory / Infectious Disease	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for None of the above	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	12 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	abnormal vaginal bleeding; There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; "There 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 is a known pelvic infection.; "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.; Yes this is a request for a Diagnostic CT ; The surgery being considered is NOT a hip replacement surgery.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered due to organ enlargement.; There is no ultrasound or plain film evidence of a pelvic organ enlargement.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	A.s; This study is being ordered for Inflammatory/ Infectious Disease.; na; There has been treatment or conservative therapy.; A.S; na; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Chronic issue, worsening;Will get MRI of hip and pelvis to evaluate for pelvic misalignment and possible sciatic nerve impingement;Discussed with patient possible need for orthotic inserts or lifts to improve gait;May also consider pelvic physical ther; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 08/01/2020; There has been treatment or conservative therapy.; serve low back pain, serve pelvic pain, barely walk; anti-imflammatroies, pain medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >FAX CLINICALS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Here for follow-up appointment with reports of pain in her left leg. Patient reports the pain is constant and daily in her left buttock, down the thigh and back of the leg. Patient had the same problem earlier in the year and she was seen by Dr. Martin. S; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Suspected avascular necrosis of the left hip: X-ray shows findings suspicious of this. Will pursue MRI and refer her to Ortho for further evaluation; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; He fell onto his right shoulder 5 days ago and has been in pain ever since. He cannot raise his arm above 90 degrees.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Symptoms are worsening.; The patient received oral analgesics.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	"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.; Walks in the morning around neighborhood, but feet get in the way. Has gone to podiatrist; wanted to do MRI but insurance won't cover; can't afford insoles. Worst when first get up.;Chronic. Has failed multiple attempts at conservative therapy includi	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is not experiencing hematuria.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and	Radiology Services Denied Not Medically Necessary	Previous Information from MRI;;IMPRESSION;;1. Fatty liver.;2. Subtle nodularity of the peripheral hepatic contour, suggestive of;cirrhosis.;3. Benign 1.4 cm cyst within the right hepatic lobe. No worrisome liver;lesion identified.;;Previous Inform; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	9/25/20; There has not been any treatment or conservative therapy.; Abnormal weight loss, previous cancer history; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Previous Information from MRI;;IMPRESSION;;1. Fatty liver.;2. Subtle nodularity of the peripheral hepatic contour, suggestive of;cirrhosis.;3. Benign 1.4 cm cyst within the right hepatic lobe. No worrisome liver;lesion identified.;;Previous Inform; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); WILL FAX CLIN; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	WILL FAX CLINICAL; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	31 y.o. female for her checkup. She obtains gyne exam, pap smear and breast care elsewhere. Had recent removal of breast implants due to one malfunctioning, procedure was in February. Since then has had ongoing sharp, severe pain in right breast, Her s; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	Radiology Services Denied Not Medically Necessary	Ms. Ingle comes in today for annual follow up visit. She has history of CAD s/p PCI, PPM, HLP and hypothyroidism. Her device is followed by Dr. Beau. BP is adequately controlled. EKG shows AV paced rhythm. Echo last year demonstrated EF 45-50%, diastolic ; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is no physical restriction to the member's ability to exercise	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	Radiology Services Denied Not Medically Necessary	PT inpatient, CK total was 318, chest pains, EKG showed sign of stat cardiac; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; It is not known if the member has known or suspected coronary artery disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a post operative evaluation.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologicall y induced stress, with	Radiology Services Denied Not Medically Necessary	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.; pt has weakness, dizziness, lightheadness,edema and has a family history of heart disease; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; This patient is clinically obese or has an emphysematous chest configuration.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	Pt is a former smoker; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is 81 years old or older.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; Patients who are NOT between the ages of 55 and 81 years of age do not meet the criteria for lung cancer screening.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Internal Medicine	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY	Radiology Services Denied Not Medically Necessary	Patient having increased RUQ abdominal pain. Continues to have elevated liver enzymes. She is now also having melena. slightly anemic and having confusion.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Interventional Radiologists	Approval	70496 Computed tomographic angiography, head, with contrast	Yes, this is a request for CT Angiography of the brain.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Interventional Radiologists	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Interventional Radiologists	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Interventional Radiologists	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Interventional Radiologists	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient had chemotherapy, radiation therapy or surgery in the last 3 months.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Interventional Radiologists	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jul-Sep 2020
					Radiology Services Denied Not Medically Necessary			

7/1/2020 - 9/30/2020	7/1/2020	Medical Genetics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	; This study is being ordered 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.; Interestingly she has had enzyme testing x 2 which were low normal. We previously discussed with Greenwood genetics who felt that there was likely an issue in technique. Specifically the invitro activity was for what ever reason was higher than in vivo ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Medical Genetics	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Nephrology	Approval	70450 Computed tomography, head or brain; without contrast	This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital abnormality.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Nephrology	Approval	70498 Computed tomographic angiography, neck, with contrast	Yes, this is a request for CT Angiography of the Neck.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Nephrology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Nephrology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Nephrology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient is falling down multiple times with shuffling gait; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Nephrology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Nephrology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Nephrology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Nephrology	Approval	74150 Computed tomography, abdomen; without contrast material		This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; There is a known or a strong suspicion of kidney or ureteral stones.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Hypertension: Likely essential primary hypertension given his family history and gradual increase in his blood pressures over the last 18 years. Serum metanephrines and normetanephrines were borderline elevated. 24-hour urine for catecholamines also showed; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Nephrology	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	NEUROLOGICAL DEF.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/18/2020; There has not been any treatment or conservative therapy.; BACK AND NECK PAIN, TINGLING AND NUMBNESS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Nephrology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	NEUROLOGICAL DEF.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/18/2020; There has not been any treatment or conservative therapy.; BACK AND NECK PAIN, TINGLING AND NUMBNESS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Nephrology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Nephrology	Disapproval	73725 Magnetic resonance angiography,	Radiology Services Denied Not Medically Necessary	unknown; Is this a request for one of the following? MR Angiogram lower extremity	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Nephrology	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Nephrology	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	Clinicals attached, hydrocephalus, ventriculo-peritoneal shunt status, seizure disorder.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Evaluation of known or suspected brain bleeding (hemorrhage, hematoma, subdural) best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Post-operative evaluation best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	11	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast	This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital abnormality.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70450 Computed tomography, head or brain; without contrast	This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70496 Computed tomographic angiography, head, with contrast	Yes, this is a request for CT Angiography of the brain.	11 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast	Yes, this is a request for CT Angiography of the Neck.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; N/A; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given N/A; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	pt/ c/o of h/a's, dizziness, peripheral tingling, developed suddenly, persistent right occipital h/a's, small capsulated fluid collection present along the medial, posterior right margin of the posterior cranial fossa (2.0cm).; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70544 Magnetic resonance angiography,	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	3 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70544 Magnetic resonance angiography, head; without	There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; N/A; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given N/A; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem)	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	10 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem)	This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	18 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known tumor outside the brain best describes the patient's tumor.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Evaluation of Arnold-Chiari Malformation best describes the reason that I have requested this test.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; The patient has Fluid on the brain (hydrocephalus).	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Post-operative evaluation best describes the reason that I have requested this test.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This study is being ordered for Inflammatory / Infectious Disease	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine;	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	neck pain and left upper extremity pain, cervical fracture; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	Patient has known fracture of C-spine, this is for follow up of fracture healing.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	Recent abnormal mri of cervical spine with hyperintense areas at C6 and C7.Recent diagnosis of breast cancer.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has not been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis, ;Bowel or bladder dysfunction, Evidence of new foot drop, etc...; The patient has had 3 or fewer follow-up Cervical Spine CTs.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	There are no documented clinical findings of immune system suppression.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; None of the options listed is the reason for the study.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing cervical neck pain not improving despite treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	This is a 34-year-old healthy gentleman with no past medical history who presented to an outside hospital from White County who presented with neck pain and left arm and shoulder numbness and tingling after playing Frisbee and slipping and falling down on; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to follow-up surgery or fracture within the last 6 months.; The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.; There is a reason why the patient cannot have a Cervical Spine MRI.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine;	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72125 Computed tomography, cervical spine; without contrast material	WILL FAX OVER; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72128 Computed tomography, thoracic spine;	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	see clinical documents; This study is being 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, radiculopathy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	This is a request for a thoracic spine CT.; The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have 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?; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT	3	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is reflex abnormality.; Deep Tendon Reflexes;;BicepsRight 0Left 0;TricepsRight 0Left 0 ;BrachioradialisRight 0Left 0;Knee JerksRight 0Left 0;Ankle JerksRight 0Left 0; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is reflex abnormality.; found on exam; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	7 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; 2018; There has been treatment or conservative therapy.; BUE and BLE numbness and weakness, ataxia. Bil leg spasming and shaking; Epidural steroid injections. Physical therapy; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Clinicals faxed.; clinicals faxed; There has been treatment or conservative therapy.; Severe neck and low back pain. Numbness and tingling in upper extremities, lower extremities. Left-sided sciatica.; Clinicals faxed; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Follow-up on patient who has spina bifida with hydrocephalus; This study is being ordered for Congenital Anomaly.; 11/02/2010; There has been treatment or conservative therapy.; Spina bifida; Shunt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; 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	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this procedure is unknown.; It is unknown if any of these apply to the patient	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; There 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	3 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	10	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Arnold-Chiari Malformation describes the reason for requesting this procedure.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; For evaluation of a syrinx or syringomyelia (a fluid filled hole within the spinal column) describes the reason for requesting this procedure.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for a neurological disorder.; 03/2020; It is not known if there has been any treatment or conservative therapy.; 6-year-old female with history of syrinx with syrinx arachnoid shunt placed on May 5, 2020.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This study is being ordered for Inflammatory / Infectious Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/01/2020; There has been treatment or conservative therapy.; Urinary incontinence, pain in back and legs from lumbar disc displacement; Nsaids, rest, decrease in activity; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	This study is being ordered for Trauma / Injury; The ordering MDs specialty is Neurological Surgery ; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	WILL FAX INFOR; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; 2018; There has been treatment or conservative therapy.; BUE and BLE numbness and weakness, ataxia. Bil leg spasming and shaking; Epidural steroid injections. Physical therapy; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	compression fracture of T7/L5 vertebra; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; It is unknown if Surgery is planned or scheduled in the next 6 weeks	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Follow-up on patient who has spina bifida with hydrocephalus; This study is being ordered for Congenital Anomaly.; 11/02/2010; There has been treatment or conservative therapy.; Spina bifida; Shunt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Patient is here with acute right hip pain that started 3 days ago. Started when she was bending down and picking something light from the floor. She denies hearing a pop or feeling sudden pain while bending. Denies actual trauma to the back or the hip. ; Unknown; There has been treatment or conservative therapy.; Rheumatoid arthritis, Arthropathic psoriasis; Long-term prednisone treatment, Trazodone, wheelchair; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is unknown if there is recent evidence of a thoracic spine fracture.; There is weakness.; Right Quadriceps: Strength: 3+ Left Quadriceps: Strength: 3+;Right Hamstring: Strength: 3+ ;Left Hamstring: Strength: 3+;Ri Tibialis Anterior:Strength:3+ Le Tibialis Anterior: Strength: 3+;Right Plant Flexion: Strength: 3+ Left Plantar Flexion: Streng	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; document exam findings;;complaint of neck/thoracic pain with difficulty raising his left arm due to increased pain for approximately 2 months now. has been doing home exercises that he learned in previous PT sessions for the past 6 weeks without impro	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This study is being ordered for a neurological disorder.; 03/2020; It is not known if there has been any treatment or conservative therapy.; 6-year-old female with history of syrinx with syrinx arachnoid shunt placed on May 5, 2020.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This study is being ordered for a neurological disorder.; 5 years; There has been treatment or conservative therapy.; Pre-surgical studies for placement of permanent spinal cord stimulator; Pain medication, injections, Lyrica, Flexaril, physical therapy, trial of spinal cord stimulator; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/01/2020; There has been treatment or conservative therapy.; Urinary incontinence, pain in back and legs from lumbar disc displacement; Nsaids, rest, decrease in activity; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Clinicals faxed.; clinicals faxed; There has been treatment or conservative therapy.; Severe neck and low back pain. Numbness and tingling in upper extremities, lower extremities. Left-sided sciatica.; Clinicals faxed; This study is being ordered for Other	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	compression fracture of T7/L5 vertebra; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; It is unknown if Surgery is planned or scheduled in the next 6 weeks	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Follow-up on patient who has spina bifida with hydrocephalus; This study is being ordered for Congenital Anomaly.; 11/02/2010; There has been treatment or conservative therapy.; Spina bifida; Shunt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient is here with acute right hip pain that started 3 days ago. Started when she was bending down and picking something light from the floor. She denies hearing a pop or feeling sudden pain while bending. Denies actual trauma to the back or the hip. ; Unknown; There has been treatment or conservative therapy.; Rheumatoid arthritis, Arthropathic psoriasis; Long-term prednisone treatment, Trazodone, wheelchair; This study is being ordered for Other	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Patient presents in follow up s/p lumbar laminectomy 7/9/20- reports doing well until about 7-10 days ago. Experienced sudden onset pain to right knee with NT to right shin. Reports this as same pattern but increased intensity as compared to 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Pt recently had surgery, and has bilateral leg weakness; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	10 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	27 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	21 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	5 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This study is being ordered for a neurological disorder.; 5 years; There has been treatment or conservative therapy.; Pre-surgical studies for placement of permanent spinal cord stimulator; Pain medication, injections, Lyrica, Flexaril, physical therapy, trial of spinal cord stimulator; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/01/2020; There has been treatment or conservative therapy.; Urinary incontinence, pain in back and legs from lumbar disc displacement; Nsaids, rest, decrease in activity; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	This study is being ordered for Trauma / Injury; The ordering MDs specialty is Neurological Surgery ; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	WILL FAX INFOR; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging,	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	MRI of the lumbar spine was obtained, demonstrating the following findings: Severe canal stenosis at L2-3 with a left;HNP;No obvious L5 or S1 impingement, but it is an unusual presentation and MRI of the knee and;lower leg is recommended.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	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 has a documented limitation of their range of motion.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Something other than the spleen, liver or kidney is enlarged.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	76380 Computed tomography, limited or localized follow-up study		Patient will be undergoing a cerebral venogram with possible transverse sinus stenting and will need this exam; This study is being ordered for post-operative evaluation.; not performed yet; This is a request for a limited Sinus CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Approval	76390 Magnetic resonance		This is a request for MRS.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has Fluid on the brain (hydrocephalus).; Known or suspected congenital anomaly best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	70498 Computed tomographic angiography, neck, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; It is unknown if there has been a recent (less than 2 week) neck or carotid artery ultrasound.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; It is unknown if there has been a recent (less than 2 week) neck or carotid artery ultrasound.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	evaluate meningiomas; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	4	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; The patient has Fluid on the brain (hydrocephalus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not Medically Necessary	Muscle Weakness, Painful walking and unsteady gate.; This study is being 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 has been going on for several years; There has been treatment or conservative therapy.; The lumbar spine pain is aggravated by bending;over, exercise, lifting objects, standing for prolonged periods, and walking for long distances and is constant. The lumbar spine pain is 10 out of 10 currently.; Pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72125 Computed tomography, cervical spine;	Radiology Services Denied Not Medically Necessary	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	4 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	see clinical documents; This study is being 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, radiculopathy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; worsening BIL neurogenic claudication; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.; Yes this is a request for a Diagnostic CT	3	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; Surgery is scheduled within the next 4 weeks.; Yes, the last Lumbar spine MRI was performed within the past two weeks.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; It is unknown if Surgery is planned or scheduled in the next 6 weeks	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Her general neurologic examination reveals some deltoid weakness but to such poor input due to pain. Unfortunately her MRI is not a very good quality MRI and the cuts were not through the disc space. By not being through the disc space it is impossible to; This study is being ordered for trauma or injury.; 1/1/2020; There has been treatment or conservative therapy.; The patient has neck pain, bilateral shoulder, and subscapular pain with occasional left upper extremity pain with decreased strength in the left hand.; PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This 36 year old female presents with multiple complaints. She complains of low back and left leg pain. The pain radiates into both buttocks, and posteriorly to the left knee. She complains of numbness throughout the left leg, stopping at the ankle. She d; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This 50 year old female presents with neck and thoracic pain. She is s/p 2 LESIs completed on 06/24/2020. She reports significant improvement of the low back and right leg pain. She now complains of mid thoracic pain located around the bra line. She also ; This 50 year old female presents with neck and thoracic pain. She is s/p 2 LESIs completed on 06/24/2020. She reports significant improvement of the low back and right leg pain. She now complains of mid thoracic pain located around the bra line. She also ; There has been treatment or conservative therapy.; neck and thoracic pain with numbness in right arm and hand; She is currently taking Cymbalta. She has tried anti-inflammatories with no improvement.;;home spine exercise and flexibility program.; This study is being ordered for Other	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient has a new onset or changing radiculitis / radiculopathy; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a neurological deficit; The pain did NOT begin within the past 6 weeks.; The patient has None of the above	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	6 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	15 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Don't know describes the reason for requesting this procedure.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This 50 year old female presents with neck and thoracic pain. She is s/p 2 LESIs completed on 06/24/2020. She reports significant improvement of the low back and right leg pain. She now complains of mid thoracic pain located around the bra line. She also ; This 50 year old female presents with neck and thoracic pain. She is s/p 2 LESIs completed on 06/24/2020. She reports significant improvement of the low back and right leg pain. She now complains of mid thoracic pain located around the bra line. She also ; There has been treatment or conservative therapy.; neck and thoracic pain with numbness in right arm and hand; She is currently taking Cymbalta. She has tried anti-inflammatories with no improvement.;;home spine exercise and flexibility program.; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; It is unknown if Surgery is planned or scheduled in the next 6 weeks	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Clinicals 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	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Muscle Weakness, Painful walking and unsteady gate.; This study is being 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 has been going on for several years; There has been treatment or conservative therapy.; The lumbar spine pain is aggravated by bending;over, exercise, lifting objects, standing for prolonged periods, and walking for long distances and is constant. The lumbar spine pain is 10 out of 10 currently.; Pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	patient is complaining of progressive low back pain with bilateral lower extremity radiculopathy over the last 6 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	15 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	11 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This 36 year old female presents with multiple complaints. She complains of low back and left leg pain. The pain radiates into both buttocks, and posteriorly to the left knee. She complains of numbness throughout the left leg, stopping at the ankle. She d; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery ; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/22/2020; There has been treatment or conservative therapy.; Continuous Left hip and leg pain, numbness and tingling of left lower extremity.; Pain medication, muscle relaxants; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Her general neurologic examination reveals some deltoid weakness but to such poor input due to pain. Unfortunately her MRI is not a very good quality MRI and the cuts were not through the disc space. By not being through the disc space it is impossible to; This study is being ordered for trauma or injury.; 1/1/2020; There has been treatment or conservative therapy.; The patient has neck pain, bilateral shoulder, and subscapular pain with occasional left upper extremity pain with decreased strength in the left hand.; PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info GivenAny manipulation of her legs causes increased severe pain in her lower back area. Positive SLR on the right and positive cross SLR on the left. Any manipulation of her legs causes increased severe pa; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurological Surgery	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/22/2020; There has been treatment or conservative therapy.; Continuous Left hip and leg pain, numbness and tingling of left lower extremity.; Pain medication, muscle relaxants; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; New onset of seizures or newly identified change in seizure activity or pattern best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70450 Computed tomography, head or brain; without contrast material	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; Foreign metallic bodies such as metallic splinters, metallic bullets/buckshot is the reason an MRI is not being considered; This is a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70450 Computed tomography, head or brain; without contrast	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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70450 Computed tomography, head or brain; without contrast	This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital abnormality.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70450 Computed tomography, head or brain; without contrast	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	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for a neurological disorder.; Oct 2019; There has been treatment or conservative therapy.; ; The patient is currently taking Lexapro. He is experiencing side effects from it. He would like to discontinue it. He wants something different for depression. I am going to begin him on low-dose amitriptyline 25 mg nightly. This medication could benefit ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Evaluation of carotid stenosis to assess for possible surgical intervention; This study is being ordered for a neurological disorder.; May 2020;Syncope;confusion;left sided weakness and numbness;left sided visual problems;incident of a syncopal spell, passing out and the patient falling onto the floor; There has been treatment or conservative therapy.; Syncope;left sided weakness and numbness;left sided visual disturbance;confusion;history of passing out; hospital admission in June; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	patient had a right pontine Stroke secondary to dissection of the basilar artery; This study is being ordered for Vascular Disease.; 2/3/2020; There has been treatment or conservative therapy.; left sided weakness; numbness;; duo anti platelet therapy ; STATIN therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70496 Computed tomographic angiography, head, with contrast	Yes, this is a request for CT Angiography of the brain.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for a neurological disorder.; Oct 2019; There has been treatment or conservative therapy.; ; The patient is currently taking Lexapro. He is experiencing side effects from it. He would like to discontinue it. He wants something different for depression. I am going to begin him on low-dose amitriptyline 25 mg nightly. This medication could benefit ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Evaluation of carotid stenosis to assess for possible surgical intervention; This study is being ordered for a neurological disorder.; May 2020;Syncope;confusion;left sided weakness and numbness;left sided visual problems;incident of a syncopal spell, passing out and the patient falling onto the floor; There has been treatment or conservative therapy.; Syncope;left sided weakness and numbness;left sided visual disturbance;confusion;history of passing out; hospital admission in June; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	patient had a right pontine Stroke secondary to dissection of the basilar artery; This study is being ordered for Vascular Disease.; 2/3/2020; There has been treatment or conservative therapy.; left sided weakness; numbness;; duo anti platelet therapy ; STATIN therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70498 Computed tomographic angiography, neck, with contrast	Yes, this is a request for CT Angiography of the Neck.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	6 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; This study is being ordered for a neurological disorder.; 11 years ago and have not improved; It is not known if there has been any treatment or conservative therapy.; She tells me that she has a pressure-like sensation or a feeling of fullness that is concentrated in the right frontal and temporal head region that is present constantly. This worsens if she lies on her right side or if she lies on the back and seems to; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Family medical history is significant for mother with sleep apnea on cpap, seizures, diabetes, htn, and ministrokes; maternal grandmother with autoimmune disease (lupus) father with htn.;;Intractable migraine variant;analgesic overuse headache; r/; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	MRI BRAIN 08/27/2020 RESULTS: Unusual signal characteristics in the left sigmoid sinus into the jugular foramen. While this may represent artifact, thrombus cannot be excluded. MRV of the head may be helpful for further evaluation.;MRI BRAIN WAS DONE FOR; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	MRV to eval venous thrombus with pseudotumor cerebri; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	seizure disorder, right temporal lobe.; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; Syncope, left side numbness, facial pain, slurred speech, elevated heart rate altered mental status.; mri of brain, seizure meds, tegretol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70544 Magnetic resonance angiography,	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	; This is a request for a Neck MR Angiography.; The patient has vision changes.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70547 Magnetic resonance angiography,	CVA; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	This is a request for a Neck MR Angiography.; The patient has one sided arm or leg weakness.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	- Migraine without aura;- Cervicogenic headache; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for a neurological disorder.; 6 MONTHS AGO; There has been treatment or conservative therapy.; 30 years old white female with history of motor vehicle accident with residual right hand weakness comes here for evaluation treatment of generalized pain, difficulty walking with her mother.;11 years ago she was in a motor vehicle accident where she sus; GABAPENTIN STARTED FOR THE NUMBNESS/WEAKNESS TO HAND;30 years old white female with history of motor vehicle accident with residual right hand weakness comes here for evaluation treatment of generalized pain, difficulty walking with her mother.;11 year; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for a neurological disorder.; 7/14/2020; There has been treatment or conservative therapy.; LOSS OF MOVEMENT. NUMBNESS.; MEDICATION/PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for a neurological disorder.; 11 years ago and have not improved; it is not known if there has been any treatment or conservative therapy.; She tells me that she has a pressure-like sensation or a feeling of fullness that is concentrated in the right frontal and temporal head region that is present constantly. This worsens if she lies on her right side or if she lies on the back and seems to; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	04/01/2020; There has not been any treatment or conservative therapy.; headaches, dizziness, numbness, fatigue, neck pain, brisk reflexes; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	08/07/2020; There has been treatment or conservative therapy.; 47 years old white female with history of COPD was brought here by EMS for altered mental status and seizure-like activity. Patient is not answering any questions. When asked her why she is here in the hospital she just said "oxygen". From the ER chart it; WAS IN HOSP AND WORKUP WAS DONE CT HEAD ABNL RECOMMENDED MRI BRAIN;REFLEX ABNL SO NEED FOR MRI C-SPINE; This study is being ordered for Other not listed	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	assess for demyelinating lesions r/t MS. white matter changes. Migraine with aura, not intractable, without status migrainosus. Paresthesias. Imbalance. muscle spasms to bilateral leg.multiple falls.some impaired bladder emptying.tremors" and cramping to h; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Cerebral degenerative 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; It is not known if the patient has undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; It is not known if there are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; Surgery is not planned within the next 4 weeks.; An operation for shunt placement (for brain fluid drainage) is not being considered or a non-metallic shunt is not functioning correctly.; The patient has a congenital abnormality.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	<p>diagnosed w/ MS in 2019. Had MRI done in 2019 that was consistent w/ MS. Pt is constantly fatigued. Pain and paroxysmal symptoms; electrical sensation that radiates down back, constant B/l foot numbness. Has bladder urgency with frequency. Incontinence at; This study is being ordered for a neurological disorder.; 04/01/2019; There has been treatment or conservative therapy.; possible diagnosis of MS. Blurry vision, loss of vision in L eye, decreased function w/ numbness in bilateral hands; Copaxone, 3 weeks PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	<p>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.</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Evaluation of Parkinsons - pt has new onset symptoms beginning about 1 year ago and getting worse.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020 7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Focal neurological deficit. Suspected stroke or multiple sclerosis.; This study is being ordered for a neurological disorder.; 11/01/2019; There has been treatment or conservative therapy.; Neurological deficits include left-sided weakness, numbness, slurred speech and left facial droop, unsteady gait. Swelling in occipital, temporal and frontal regions with migraine and decreased sensation in left upper and lower extremities.; Has taken Crestor 10mg and Trileptal 600mg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020 7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	spasm sensation in his chest, upper back, and arm muscles. He tells me that it can involve either side of the body or both sides of the body at the same time. He describes it as feeling like a muscle spasm or pulled; This study is being ordered for a neurological disorder.; APPROX 08/2019; There has been treatment or conservative therapy.; He has some numbness in the upper extremities. There is a period of time several months ago when he had a cold sensation in his lower legs. does have some degenerative problems in the lower spine and a history of coccyx injury. There is a family history; Muscle spasms of the chest and arms along with numbness in bilateral upper extremities (which is non-localizing). I will start with an EMG/NCS of bilateral upper extremities. Differential includes muscle disease versus radiculopathy versus central lesion ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020 7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Headache, chronic, current headaches much worse and her nausea, light and sound sensitivity are also more intense.numerous times; she becomes confused, disoriented and fearful at first, and then has a severe headache ensue. She often doesn't recall what s; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020 Jul-Sep 2020
7/1/2020 - 9/30/2020 7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Left optic neuritis (completed two courses of IV steroids due to worsening vision after first round) with what appears to be an asymptomatic enhancing cervical spine lesion as well. CSF studies negative for oligoclonal bands, NMO Ab, and has been largely; This study is being ordered for a neurological disorder.; 03/20/2020; There has not been any treatment or conservative therapy.; Optic neuritis, numbness in R thigh, headache w light sensitivity and nausea/vomitting, cervical spine lesion CSF studies negative for oligoclonal bands, NMO Ab, and has been largely nondiagnostic. This remains highly suspicious for demyelinating disease; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020 Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	memory loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Meningioma - 1 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	MS FOLLOW UP.; This study is being ordered for a neurological disorder.; 02032020; There has been treatment or conservative therapy.; MS; PT HAS MS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	multiple TIA spells since 2011 with being on Plavix; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	oppositional defiant disorder, and anxiety who presents because of referral from her psychiatrist. Her grandmother, who is her legal guardian and the historian for this visit, believes that psychiatry referred them here because he "thinks something is wro; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Paraspinal mass/tumor; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patient with MS with new symptoms; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Patients having incontinence of bladder, Leg weakness, leg tremors, Shocking nerve and neck pains, radiating pains down the right upper extremity.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Relapsing remitting Multiple sclerosis; Depression; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; Fatigue is severe; muscle spasms; right eye vision loss; Previous disease therapies: Copaxone: self discontinued (approximately ~ 2016 due to side effects);; IV steroids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	September 2019; There has been treatment or conservative therapy.; Facial numbness and tingling. Eye lid closing. Facial pain with gust of air or anything touching her face; Prednisone; Tegretol; This study is being ordered for Neurological Disorder	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	She describes headaches as usually located in the bifrontal head region and throbbing in nature. They last at least 24 hours and are occurring at least 4 to 5 days/week. There is no clear trigger, but are made worse by bright lights. She definitely has; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Staring Spells and developmental delays. Abnormal EEG; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are not recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; Surgery is not planned within the next 4 weeks.; An operation for shunt placement (for brain fluid drainage) is not being considered or a non-metallic shunt is not functioning correctly.; The patient has a congenital abnormality.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis; The patient is presenting with new symptoms of bowel or bladder dysfunction.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is NOT demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis; The patient is presenting with new symptoms of bowel or bladder dysfunction.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; This study is being ordered for Trauma / Injury	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	These difficulties seemed to start gradually. Associated behavior changes or problems include: isolation. She has not had hallucinations. Her family denies a worsening of symptoms toward the evening.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	67	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; 'None of the above' describe the headache's character.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	48	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	8	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has been diagnosed with known Multiple Sclerosis.	11 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; Other causes have been ruled out.	10 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; Other causes have NOT been ruled out.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	15 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	3 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are NO documented neurologic findings suggesting a primary brain tumor.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; 'None of the above' describes the congenital anomaly of the skull.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test.	18	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	5	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Vertigo - "spinning dizziness" best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; 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 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	8 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has undergone treatment for multiple sclerosis.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	15 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	9 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is 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 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72125 Computed tomography, cervical spine; without contrast material	; This study is being ordered for a neurological disorder.; 6 MONTHS AGO; There has been treatment or conservative therapy.; 30 years old white female with history of motor vehicle accident with residual right hand weakness comes here for evaluation treatment of generalized pain, difficulty walking with her mother.;11 years ago she was in a motor vehicle accident where she sus; GABAPENTIN STARTED FOR THE NUMBNESS/WEAKNESS TO HAND;30 years old white female with history of motor vehicle accident with residual right hand weakness comes here for evaluation treatment of generalized pain, difficulty walking with her mother.;11 year; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Abnormal gait.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	; ; It is not known if there has been any treatment or conservative therapy.; ; This study is being ordered for Other	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	; ; There has been treatment or conservative therapy.; Episodes of BLE weakness. She has hyperreflexia in the lower extremities.; Physical Therapy; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for a neurological disorder.; 7/14/2020; There has been treatment or conservative therapy.; LOSS OF MOVEMENT. NUMBNESS.; MEDICATION/PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	08/07/2020; There has been treatment or conservative therapy.; 47 years old white female with history of COPD was brought here by EMS for altered mental status and seizure-like activity. Patient is not answering any questions. When asked her why she is here in the hospital she just said "oxygen". From the ER chart it; WAS IN HOSP AND WORKUP WAS DONE CT HEAD ABNL RECOMMENDED MRI BRAIN;REFLEX ABNL SO NEED FOR MRI C-SPINE; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	assess for demyelinating lesions r/t MS. white matter changes. Migraine with aura, not intractable, without status migrainosus. Paresthesias. Imbalance. muscle spasms to bilateral leg.multiple falls.some impaired bladder emptying.tremors" and cramping to h; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	diagnosed w/ MS in 2019. Had MRI done in 2019 that was consistent w/ MS. Pt is constantly fatigued. Pain and paroxysmal symptoms; electrical sensation that radiates down back, constant B/l foot numbness. Has bladder urgency with frequency. Incontinence at; This study is being ordered for a neurological disorder.; 04/01/2019; There has been treatment or conservative therapy.; possible diagnosis of MS. Blurry vision, loss of vision in L eye, decreased function w/ numbness in bilateral hands; Copaxone, 3 weeks PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. Enter date of initial onset here - or Type In Unknown If No Info Given >7 years ago; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >Medication, physical therapy, went to emt doctor.; This study is being ordered for Multiple Sclerosis	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given This study is being ordered for Other not listed	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	<p>spasm sensation in his chest, upper back, and arm muscles. He tells me that it can involve either side of the body or both sides of the body at the same time. He describes it as feeling like a muscle spasm or pulled; This study is being ordered for a neurological disorder.; APPROX 08/2019; There has been treatment or conservative therapy.; He has some numbness in the upper extremities. There is a period of time several months ago when he had a cold sensation in his lower legs. does have some degenerative problems in the lower spine and a history of coccyx injury. There is a family history; Muscle spasms of the chest and arms along with numbness in bilateral upper extremities (which is non-localizing). I will start with an EMG/NCS of bilateral upper extremities. Differential includes muscle disease versus radiculopathy versus central lesion ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	<p>History of optic neuritis, right side weakness, numbness, tingling, bladder dysfunction. difficulty at times walking, dependent on family members when needed; 2016; There has been treatment or conservative therapy.; pain to right side hip, arm and leg. She is unable to bend foot "back or stand on heel". She has numbness to right calf and right foot that is continuous. She has imbalance. Today, she was looking down and a "electric shock shot down my right leg". The p; Predinosone, Baclofen, Methotrexate; This study is being ordered for Multiple Sclerosis</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	MS FOLLOW UP.; This study is being ordered for a neurological disorder.; 02032020; There has been treatment or conservative therapy.; MS; PT HAS MS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Patients having incontinence of bladder, Leg weakness, leg tremors, Shocking nerve and neck pains, radiating pains down the right upper extremity.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	R/o ms; unknown; There has not been any treatment or conservative therapy.; abnormal mri of the brain; This study is being ordered for Multiple Sclerosis	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Relapsing remitting Multiple sclerosis;Depression; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; Fatigue is severe; muscle spasms; right eye vision loss; Previous disease therapies: Copaxone: self discontinued (approximately ~ 2016 due to side effects);;IV steroids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Spasms in lower extremity, aching pain in legs, knees & ankles; August 2005; There has been treatment or conservative therapy.; increasing leg weakness and numbness in lower extremities, balance problems, intermittent incontinence; Zoloft 100 mg tablets, Gabapentin 300 mg tablets,; This study is being ordered for Multiple Sclerosis	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; It is unknown if the patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis; The patient is presenting with new symptoms of bowel or bladder dysfunction.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is NOT demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple Sclerosis; The patient is presenting with new symptoms of bowel or bladder dysfunction.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; This study is being ordered for Trauma / Injury	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; 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 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Neurological deficits; ; 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; The patient has None of the above	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	4 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Multiple Sclerosis describes the reason for requesting this procedure.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	; ; It is not known if there has been any treatment or conservative therapy.; ; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	diagnosed w/ MS in 2019. Had MRI done in 2019 that was consistent w/ MS. Pt is constantly fatigued. Pain and paroxysmal symptoms; electrical sensation that radiates down back, constant B/l foot numbness. Has bladder urgency with frequency. Incontinence at; This study is being ordered for a neurological disorder.; 04/01/2019; There has been treatment or conservative therapy.; possible diagnosis of MS. Blurry vision, loss of vision in L eye, decreased function w/ numbness in bilateral hands; Copaxone, 3 weeks PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. Enter date of initial onset here - or Type In Unknown If No Info Given >7 years ago; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >Medication, physical therapy, went to emt doctor.; This study is being ordered for Multiple Sclerosis	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	fell due to tripping over her shoes;- went to ED and CT brain and cervical spine were negative for acute issue;- she did sustain clavicle fracture and was placed in sling;- now c/o low back pain; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	History of optic neuritis, right side weakness, numbness, tingling, bladder dysfunction. difficulty at times walking, dependent on family members when needed; 2016; There has been treatment or conservative therapy.; pain to right side hip, arm and leg. She is unable to bend foot "back or stand on heel". She has numbness to right calf and right foot that is continuous. She has imbalance. Today, she was looking down and a "electric shock shot down my right leg". The p; Prednisone, Baclofen, Methotrexate; This study is being ordered for Multiple Sclerosis	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	none; unknown; There has been treatment or conservative therapy.; Numbness, fatigue; MEDS;; This study is being ordered for Multiple Sclerosis	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Paraspinal mass/tumor; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Patients having incontinence of bladder, Leg weakness, leg tremors, Shocking nerve and neck pains, radiating pains down the right upper extremity.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	R/o ms; unknown; There has not been any treatment or conservative therapy.; abnormal mri of the brain; This study is being ordered for Multiple Sclerosis	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Spasms in lower extremity, aching pain in legs, knees & ankles; August 2005; There has been treatment or conservative therapy.; increasing leg weakness and numbness in lower extremities, balance problems, intermittent incontinence; Zoloft 100 mg tablets, Gabapentin 300 mg tablets.; This study is being ordered for Multiple Sclerosis	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; Ms. Parrish comes in with her daughter today for evaluation of falls her inability to walk over the last month, and her weakness in her low back. She also has severe low back pain. She saw Dr. Ghormley who stated that she had compression of her spinal cor; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; she did have some tendency for giveaway testing particularly in the proximal lower limbs due to discomfort in the back.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for a thoracic spine MRI.; This study is being ordered for Known or Suspected Infection or abscess; There is laboratory or x-ray evidence of osteomyelitis.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.;	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; It is not known if there is weakness or reflex abnormality.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	unknown; This is a request for a thoracic spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for a neurological disorder.; 7/14/2020; There has been treatment or conservative therapy.; LOSS OF MOVEMENT. NUMBNESS.; MEDICATION/PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	fell due to tripping over her shoes;- went to ED and CT brain and cervical spine were negative for acute issue;- she did sustain clavicle fracture and was placed in sling;- now c/o low back pain; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	History of optic neuritis, right side weakness, numbness, tingling, bladder dysfunction. difficulty at times walking, dependent on family members when needed; 2016; There has been treatment or conservative therapy.; pain to right side hip, arm and leg. She is unable to bend foot "back or stand on heel". She has numbness to right calf and right foot that is continuous. She has imbalance. Today, she was looking down and a "electric shock shot down my right leg". The p; Prednisone, Baclofen, Methotrexate; This study is being ordered for Multiple Sclerosis	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	8 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	72196 Magnetic resonance (eg, proton) imaging,	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	76390 Magnetic resonance	This is a request for MRS.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	78608 Brain imaging, positron emission tomography (PET); metabolic	This is a request for a Metabolic Brain PET scan; This study is being ordered for refractory seizures.; This study is being ordered for pre-surgical evaluation.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,		This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation		This is a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.; The patient is 18 years of age or older.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; New onset of seizures or newly identified change in seizure activity or pattern best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	will upload clinicals; This is a request for a brain/head CT.; 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; MRI denied by NIA	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Worsening hallucinations and memory.; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 2015; There has not been any treatment or conservative therapy.; dizziness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Focal neurological deficit. Suspected stroke or multiple sclerosis.; This study is being ordered for a neurological disorder.; 11/01/2019; There has been treatment or conservative therapy.; Neurological deficits include left-sided weakness, numbness, slurred speech and left facial droop, unsteady gait. Swelling in occipital, temporal and frontal regions with migraine and decreased sensation in left upper and lower extremities.; Has taken Crestor 10mg and Trileptal 600mg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast	Radiology Services Denied Not Medically Necessary	multiple TIA spells since 2011 with being on Plavix; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	this is needed to see how surgery went.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/23/2020; There has been treatment or conservative therapy.; stiffness, neck pain, back pain, leg soreness.; Pt had surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; 2015; There has not been any treatment or conservative therapy.; dizziness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Focal neurological deficit. Suspected stroke or multiple sclerosis.; This study is being ordered for a neurological disorder.; 11/01/2019; There has been treatment or conservative therapy.; Neurological deficits include left-sided weakness, numbness, slurred speech and left facial droop, unsteady gait. Swelling in occipital, temporal and frontal regions with migraine and decreased sensation in left upper and lower extremities.; Has taken Crestor 10mg and Trileptal 600mg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast	Radiology Services Denied Not Medically Necessary	multiple TIA spells since 2011 with being on Plavix; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	this is needed to see how surgery went.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/23/2020; There has been treatment or conservative therapy.; stiffness, neck pain, back pain, leg soreness.; Pt had surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70498 Computed tomographic angiography, neck, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Headache, chronic, current headaches much worse and her nausea, light and sound sensitivity are also more intense.numerous times; she becomes confused, disoriented and fearful at first, and then has a severe headache ensue. She often doesn't recall what s; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This is a request for a Neck MR Angiography.; The patient has dizziness.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 3 years; There has been treatment or conservative therapy.; Jerking of arms and legs. Weakness. Numbness and tingling. Loss of grip strength.; Medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	1986; There has been treatment or conservative therapy.; headaches; depakote, Topamax, lmitrex, amitriptyline and is currently taking gabapentin for neuropathy; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given This study is being ordered for Other not listed	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	memory loss, probable dementia; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for trauma or injury.; 01/21/2020; There has been treatment or conservative therapy.; headaches,; medications, CT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	ongoing problem of low back pain, rectal pain, testicular/penile pain, and bilateral leg pain. He has been seen by multiple providers for this discomfort. He had workup performed by Rheumatology, Urology, Gastroenterology, and Pain Management. He was even; This study is being ordered for a neurological disorder.; 4 YEARS AGO; There has been treatment or conservative therapy.; PAIN AND BURNING IN MOUTH, TESTICLES, RECTAL AND GROIN PAIN; PATIENT HAS BEEN DOING PHYSICAL AND OCUPATIONAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	18 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	7 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes the headache's character.; This is NOT a Medicare member.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; Other causes have been ruled out.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including	Radiology Services Denied Not Medically Necessary	unknown; There has not been any treatment or conservative therapy.; unknown; This study is being ordered for Neurological Disorder	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	none A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	71275 Computed tomographic angiography, chest (noncoronary),	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; February 2020; There has not been any treatment or conservative therapy.; Pain and numbness in the legs with recurrent falls. Family history of MS. Positive for tingling, falls, neck pain; This study is being ordered for Multiple Sclerosis	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 3 years; There has been treatment or conservative therapy.; Jerking of arms and legs. Weakness. Numbness and tingling. Loss of grip strength.; Medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	04/01/2020; There has not been any treatment or conservative therapy.; headaches, dizziness, numbness, fatigue, neck pain, brisk reflexes; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	1986; There has been treatment or conservative therapy.; headaches; depakote, Topamax, Imitrex, amitriptyline and is currently taking gabapentin for neuropathy; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Left optic neuritis (completed two courses of IV steroids due to worsening vision after first round) with what appears to be an asymptomatic enhancing cervical spine lesion as well. CSF studies negative for oligoclonal bands, NMO Ab, and has been largely; This study is being ordered for a neurological disorder.; 03/20/2020; There has not been any treatment or conservative therapy.; Optic neuritis, numbness in R thigh, headache w light sensitivity and nausea/vomitting, cervical spine lesion CSF studies negative for oligoclonal bands, NMO Ab, and has been largely nondiagnostic. This remains highly suspicious for demyelinating disease; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	nsaids; prior history noted w/pcp OV 9/24; There has not been any treatment or conservative therapy.; previous MVA currently experiencing pain in right side radiating.; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	September 2019; There has been treatment or conservative therapy.; Facial numbness and tingling. Eye lid closing . Facial pain with gust of air or anything touching her face; Predisone;Tegretol; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	She also is concerned because she feels as though she cannot tell the difference between being hungry and thirsty and has had some problems with changes in appetite. She had bladder surgery as a young child and has had some problems with incontinence sin; June or July 2019; There has been treatment or conservative therapy.; facial numbness She describes numbness and tingling sensation in her hands and feet as well as her lips and lower face that occurs episodically. She tells me that this is been going on since around June or July 2019 and has been progressively worsening. ; - Start nortriptyline 25mg at bedtime. ; - MRI and EEG ordered. You will be contacted about this appointment.; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this procedure is unknown.; It is unknown if any of these apply to the patient	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; The patient has None of the above	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	7 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	9 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a neurological deficit; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks; The pain did NOT begin within the past 6 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	6	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	7	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; There has not been any treatment or conservative therapy.; unknown; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	UNKNOWN; UNKNOWN; There has been treatment or conservative therapy.; DEGENERATION; PHYSICAL THERAPY, MEDICATIONS, MUSCLE RELAXERS; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; Episodes of BLE weakness. She has hyperreflexia in the lower extremities.; Physical Therapy; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	; February 2020; There has not been any treatment or conservative therapy.; Pain and numbness in the legs with recurrent falls. Family history of MS. Positive for tingling, falls, neck pain; This study is being ordered for Multiple Sclerosis	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	assess for demyelinating lesions r/t MS. white matter changes. Migraine with aura, not intractable, without status migrainosus. Paresthesias. Imbalance. muscle spasms to bilateral leg. multiple falls. some impaired bladder emptying. tremors" and cramping to h; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Left optic neuritis (completed two courses of IV steroids due to worsening vision after first round) with what appears to be an asymptomatic enhancing cervical spine lesion as well. CSF studies negative for oligoclonal bands, NMO Ab, and has been largely; This study is being ordered for a neurological disorder.; 03/20/2020; There has not been any treatment or conservative therapy.; Optic neuritis, numbness in R thigh, headache w light sensitivity and nausea/vomitting, cervical spine lesion CSF studies negative for oligoclonal bands, NMO Ab, and has been largely nondiagnostic. This remains highly suspicious for demyelinating disease; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	nsaids; prior history noted w/pcp OV 9/24; There has not been any treatment or conservative therapy.; previous MVA currently experiencing pain in right side radiating.; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	Patient with MS with new symptoms; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.;	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Document exam finding. The patient had numbness and weakness in his legs and numbness in her toes. The patient shoulders does not pull up without pain. BUE has weakness. Her reflexes was slow.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	Radiology Services Denied Not Medically Necessary	UNKNOWN; UNKNOWN; There has been treatment or conservative therapy.; DEGENERATION; PHYSICAL THERAPY, MEDICATIONS, MUSCLE RELAXERS; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; February 2020; There has not been any treatment or conservative therapy.; Pain and numbness in the legs with recurrent falls. Family history of MS. Positive for tingling, falls, neck pain; This study is being ordered for Multiple Sclerosis	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	Inbalance; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for trauma or injury.; 01/21/2020; There has been treatment or conservative therapy.; headaches,; medications, CT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	none; unknown; There has been treatment or conservative therapy.; Numbness, fatigue; MEDS.; This study is being ordered for Multiple Sclerosis	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	nsaids; prior history noted w/pcp OV 9/24; There has not been any treatment or conservative therapy.; previous MVA currently experiencing pain in right side radiating.; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	ongoing problem of low back pain, rectal pain, testicular/penile pain, and bilateral leg pain. He has been seen by multiple providers for this discomfort. He had workup performed by Rheumatology, Urology, Gastroenterology, and Pain Management. He was even; This study is being ordered for a neurological disorder.; 4 YEARS AGO; There has been treatment or conservative therapy.; PAIN AND BURNING IN MOUTH, TESTICLES, RECTAL AND GROIN PAIN; PATIENT HAS BEEN DOING PHYSICAL AND OCUPATIONAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	She also is concerned because she feels as though she cannot tell the difference between being hungry and thirsty and has had some problems with changes in appetite. She had bladder surgery as a young child and has had some problems with incontinence sin; June or July 2019; There has been treatment or conservative therapy.; facial numbness She describes numbness and tingling sensation in her hands and feet as well as her lips and lower face that occurs episodically. She tells me that this is been going on since around June or July 2019 and has been progressively worsening. ; - Start nortriptyline 25mg at bedtime. ; - MRI and EEG ordered. You will be contacted about this appointment.; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Focal extremity weakness	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Focal extremity weakness	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	UNKNOWN; UNKNOWN; There has been treatment or conservative therapy.; DEGENERATION; PHYSICAL THERAPY, MEDICATIONS, MUSCLE RELAXERS; This study is being ordered for Neurological Disorder	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is not a suspicion of an infection.; 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.; Non Joint is being requested.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	CVA; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	seizure disorder, right temporal lobe.; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; Syncope, left side numbness, facial pain, slurred speech, elevated heart rate altered mental status.; mri of brain, seizure meds, tegretol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Neurology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Nuclear Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Nuclear Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	rule out cirrhosis; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Nuclear Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	checking for mass; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; It is unknown if other causes have been ruled out.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; 'None of the above' describes the congenital anomaly of the skull.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	71250 Computed tomography, thorax; without contrast material	enlarged lymph node right axillary region; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	71250 Computed tomography, thorax; without contrast material	Shortness of breath mild restrictions low heart rate; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material	Patient complains of pelvic pain x 3 weeks. Has had pelvic ultrasound with left ovary unable to be visualized. She had a partial hysterectomy in February 2020. Needs CT of pelvis for further evaluation.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Faxing as needed; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging,	none; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	Unknown; This is a request for a Pelvis MRI.; It is not known if this is a preoperative study.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; It is not known if the urinalysis was positive for bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); patient has abscess; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Aneurysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Patient has a lifetime risk of 23% for breast cancer, two paternal aunts with breast cancer. A few benign-appearing round and rim calcifications are seen in the right upper outer breast. Breast are heterogeneously dense.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	77046 Magnetic resonance imaging, breast, without contrast material;	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	07/14/2020; There has not been any treatment or conservative therapy.; 30lbs weightloss , night sweats, and irregular period; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has a persistent cough.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Pain and burning and overall discomfort, post cesarean delivery; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/10/20 first seen for post op; There has been treatment or conservative therapy.; Pain, burning & itching; Antibiotics; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	07/14/2020; There has not been any treatment or conservative therapy.; 30lbs weightloss , night sweats, and irregular period; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Pain and burning and overall discomfort, post cesarean delivery; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/10/20 first seen for post op; There has been treatment or conservative therapy.; Pain, burning & itching; Antibiotics; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	Patient is a high risk for breast cancer at 36%, Family history in Paternal Aunt @35, Paternal Grandmother @38. US on 8/5/20 showed abnormalities of Rt breast.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OB/Gynecology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Oncology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	BLOODWORK OF 8-20-20 SHOWED LOW RBD (4.0), HBG (9),HCT (30.8), MCV (77.0), MCH (22.5), MCHC (29.2); INR ON 8-13 WAS 2.6,PT 27.3. Patient has blood in stool and had 6 nosebleeds since 8-13.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; The character of the headache is unknown.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	3	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Oncology	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	7 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	6 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Approval	71250 Computed tomography, thorax; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Approval	71250 Computed tomography, thorax; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	7 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	6 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic),	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The patient has not had a previous MUGA scan.;	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Breast Cancer; This request is NOT for the initial diagnosis and/or initial staging of axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Scan; This is a request for a Tumor Imaging PET Scan; This is a request for a Tumor Imaging PET Scan; This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This PET Scan is being requested for Initial Staging; This PET Scan is being requested for Initial Staging; This PET Scan is being requested for Initial Staging; 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 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 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 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 ordered for something other than Breast CA, Lymphoma,	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; 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 Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical		This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Prostate Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization		This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Disapproval	70450 Computed tomography, head or brain; without contrast	Radiology Services Denied Not Medically Necessary	BREAST CANCER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Disapproval	70450 Computed tomography, head or brain; without contrast	Radiology Services Denied Not Medically Necessary	restaging, head and neck ca; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast	Radiology Services Denied Not Medically Necessary	restaging, head and neck ca; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	BREAST CANCER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	restaging, head and neck ca; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	uUNKNOWN; It is not known if there has been any treatment or conservative therapy.; UNKOWN; The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Inflammatory / Infectious Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	BREAST CANCER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	restaging, head and neck ca; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	uUNKNOWN; It is not known if there has been any treatment or conservative therapy.; UNKOWN; The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Inflammatory / Infectious Disease	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired	Radiology Services Denied Not Medically Necessary	BREAST CANCER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired	Radiology Services Denied Not Medically Necessary	restaging, head and neck ca; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; 3 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is a PET Scan with Dotatate (Gallium GA 68-Dotatate)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is a history of serious head or skull, trauma or injury.ostct"; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is suspicion of neoplasm, or metastasis.ostct"; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear;	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. 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.; It is unknown if there is a history of orbit or face trauma or injury.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	<p>Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.;</p> <p>Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	<p>Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/04/2020; There has not been any treatment or conservative therapy.;</p> <p>headaches for 3 weeks, unbalanced, dizzy, visual field loss; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/14/2020; There has been treatment or conservative therapy.; The pt has new onset of headaches & nausea, light sensitivity;; The pt was told to stop oral contraceptives & to discuss w/OB - discuss wt loss & exercise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/04/2020; There has not been any treatment or conservative therapy.; headaches for 3 weeks, unbalanced, dizzy, visual field loss; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	We need the scan because the patient has papilledema from elevated intracranial pressure and an elevated CSF protein.; ;;An MRI of the entire spine is required to rule out a spinal cord tumor that can raise the CSF protein and be a cause of the papil; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	We need the scan because the patient has papilledema from elevated intracranial pressure and an elevated CSF protein.; ;An MRI of the entire spine is required to rule out a spinal cord tumor that can raise the CSF protein and be a cause of the papil; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	We need the scan because the patient has papilledema from elevated intracranial pressure and an elevated CSF protein.; ;An MRI of the entire spine is required to rule out a spinal cord tumor that can raise the CSF protein and be a cause of the papil; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	We need the scan because the patient has papilledema from elevated intracranial pressure and an elevated CSF protein.; ;An MRI of the entire spine is required to rule out a spinal cord tumor that can raise the CSF protein and be a cause of the papil; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-		; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck;	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/14/2020; There has been treatment or conservative therapy.; The pt has new onset of headaches & nausea, light sensitivity;; The pt was told to stop oral contraceptives & to discuss w/OB - discuss wt loss & exercise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/30/2020; There has been treatment or conservative therapy.; failed vision, distorted, visual field defects, headaches.; ct for lung in ER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/14/2020; There has been treatment or conservative therapy.; The pt has new onset of headaches & nausea, light sensitivity;; The pt was told to stop oral contraceptives & to discuss w/OB - discuss wt loss & exercise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/30/2020; There has been treatment or conservative therapy.; failed vision, distorted, visual field defects, headaches.; ct for lung in ER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; 'None of the above' describes the congenital anomaly of the skull.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Ophthalmology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. &FAX CLINICALS; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oral/Maxillofacial	Approval	70336 Magnetic resonance (eg, proton) imaging,		This is a request for a temporomandibular joint MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Oral/Maxillofacial	Approval	70486 Computed tomography, maxillofacial area; without contrast material		Enter answer here - or Type In Unknown If No Info Given. "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face,		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for trauma or injury of the orbit, face or neck soft tissue	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material		"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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material	"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material	09/10/2020; There has not been any treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	71250 Computed tomography, thorax; without contrast material	It is not known if there is a known inflammatory disease.; It is not known if there is 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."; It is not known if 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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of	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.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and	This study is being ordered for follow-up to trauma.; "The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is radiologic evidence of mediastinal widening.; This is a request for a chest MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	patient has failed well over 3 months of physical therapy, multiple medications and has had numerous spinal injections of the cervical and lumbar spine in the past;Preop CT I cannot appropriately plan for this patient pseudarthrosis surgery without preop; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; There is no known condition of tumor, infection, or neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Radiculopathy documented on EMG or nerve conduction study.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to follow-up surgery or fracture within the last 6 months.; The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of asymmetric reflexes.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72128 Computed tomography, thoracic spine; without contrast material	<p>Back pain with radiculopathy. Patient cannot stand or walk; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/16/2019; There has been treatment or conservative therapy.; Patient cannot stand long enough to do anything. Her quality of life is markedly affected by the pain she is experiencing. She cannot stand or walk for more than 1 minute and has instability; 9/16/2019 Patient has been on anti inflammatory medication and has had surgery on spine with a spinal cord stimulator; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72128 Computed tomography, thoracic spine; without contrast material	<p>The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; Yes this is a request for a Diagnostic CT</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	Back pain with radiculopathy. Patient cannot stand or walk; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/16/2019; There has been treatment or conservative therapy.; Patient cannot stand long enough to do anything. Her quality of life is markedly affected by the pain she is experiencing. She cannot stand or walk for more than 1 minute and has instability; 9/16/2019 Patient has been on anti inflammatory medication and has had surgery on spine with a spinal cord stimulator; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	evaluation of lumbar spine and femur for fracture after a fall; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	3 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is concerning due to her high risk of nonhealing/nonunion; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 37-year-old female who is 1 year status post L4-L5 decompression and discectomy on the left side and L5-S1 decompression and fusion for isthmic spondylolisthesis. There is some concern for possible pseudoarthrosis. There is also some concern for possible ; There has not been any treatment or conservative therapy.; 37-year-old female who is 1 year status post L4-L5 decompression and discectomy on the left side and L5-S1 decompression and fusion for isthmic spondylolisthesis. There is some concern for possible pseudoarthrosis. There is also some concern for possible ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; 2/7/19; There has been treatment or conservative therapy.; Back pain severe in intensity, radiculopathy down to lower extremities, numbness in lower extremities and weakness when she tries to walk; Physical Therapy, anti inflammatory medications, Spine exercise and water therapy; This study is being ordered for Neurological Disorder	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; unknown; There has been treatment or conservative therapy.; ; At this point he has failed greater than 2 months of physical therapy and use of over-the-counter medications. We will arrange for an MRI of his cervical and lumbar spine, further recommendations after. pos lehrmittes; This study is being ordered for Neurological Disorder	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Pretty exquisite tenderness down around her posterior eighth or ninth rib, no soft tissue swelling. Limited lumbar motion with moderate paraspinous spasm. Bony Palpation Left: no tenderness of the acromioclavicular joint or the greater tuberosity and tend; STATES 2 MONTHS PRIOR TO 07/27/2020 WHICH WENT TO SPECIALIST ON THAT DAY; There has been treatment or conservative therapy.; Cervical radiculitis - Left-sided upper extremity radicular pain. She is now having some symptoms going down into her left leg as well.;Patient with rheumatoid arthritis, but fairly recent onset of left-sided neck pain with radicular symptoms extending o; REFERRAL TO PHYSICAL THERAPY AS WELL AS HOME PROGRAM. ALSO TAKING PAIN MEDS; This study is being ordered for Other	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radicular pain, numbness, tingling.; 07/09/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Physical therapy.; This study is being ordered for Other	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	7 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	This is a request for cervical spine MRI; The reason for ordering this procedure is unknown.; It is unknown if any of these apply to the patient	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; There 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	3 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	7 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Pre-operative evaluation describes the reason for requesting this procedure.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Trauma or recent injury; She presents with pain in the shoulder and numbness extending into the hand on the right side after tripping and falling she struck her head before she had her shoulder.;She is very tender and swollen over the distal clavicle on the right side. She has l; No, the patient does not have new or changing neurological signs or symptoms.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	This study is being ordered for Trauma / Injury; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for Trauma / Injury; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; 2/7/19; There has been treatment or conservative therapy.; Back pain severe in intensity, radiculopathy down to lower extremities, numbness in lower extremities and weakness when she tries to walk; Physical Therapy, anti inflammatory medications, Spine exercise and water therapy; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is for pre-operative planning; It is unknown if Surgery is planned or scheduled in the next 6 weeks	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Pretty exquisite tenderness down around her posterior eighth or ninth rib, no soft tissue swelling. Limited lumbar motion with moderate paraspinal spasm. Bony Palpation Left: no tenderness of the acromioclavicular joint or the greater tuberosity and tend; STATES 2 MONTHS PRIOR TO 07/27/2020 WHICH WENT TO SPECIALIST ON THAT DAY; There has been treatment or conservative therapy.; Cervical radiculitis - Left-sided upper extremity radicular pain. She is now having some symptoms going down into her left leg as well.; Patient with rheumatoid arthritis, but fairly recent onset of left-sided neck pain with radicular symptoms extending o; REFERRAL TO PHYSICAL THERAPY AS WELL AS HOME PROGRAM. ALSO TAKING PAIN MEDS; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	see clinicals; This study is being ordered for a neurological disorder.; see clinicals; There has been treatment or conservative therapy.; see clinicals; see clinicals; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; "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.; Patient x-rays show loss disc height and evidence of DISH. ;Pre-epidural evaluation to rule out infection or tumor, or to evaluate optimal location for injection, and;Persistent thoracic pain.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	This study is being ordered for Trauma / Injury; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is for pre-operative planning; It is unknown if Surgery is planned or scheduled in the next 6 weeks	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/18/2019; There has been treatment or conservative therapy.; Low back pain with radiculopathy; Physical therapy, medication and joint injecton; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/02/2020; There has been treatment or conservative therapy.; Severe, debilitating back,hip and leg pain; Patient is currently on Tramadol and has had joint injections also; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; unknown; There has been treatment or conservative therapy.; ; At this point he has failed greater than 2 months of physical therapy and use of over-the-counter medications. We will arrange for an MRI of his cervical and lumbar spine, further recommendations after.pos lehrmittes; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radicular pain, numbness, tingling.; 07/09/2020; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Physical therapy.; This study is being ordered for Other	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	19 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	9 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	18 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	26 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	7 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	4 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This is concerning due to her high risk of nonhealing/nonunion; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 37-year-old female who is 1 year status post L4-L5 decompression and discectomy on the left side and L5-S1 decompression and fusion for isthmic spondylolisthesis. There is some concern for possible pseudoarthrosis. There is also some concern for possible ; There has not been any treatment or conservative therapy.; 37-year-old female who is 1 year status post L4-L5 decompression and discectomy on the left side and L5-S1 decompression and fusion for isthmic spondylolisthesis. There is some concern for possible pseudoarthrosis. There is also some concern for possible ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	This study is being ordered for Severe Scoliosis ; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This study is being ordered for Trauma / Injury; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material	Abnormal density of left inferior acetabulum with minimal changes;from previous radiographs. Patient has pain.; Quality: soreness. Modifying factors: unchanged by treatment. Signs and symptoms: instability, tingling, numbness,;weakness, stiffness, and; This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	; This is a request for a Pelvis MRI.; No, this is not a preoperative study.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If NoMRI of the pelvis and bilateral hips to evaluate the arthritis and possible a vascular necrosis further. Info Given.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Evaluate for abnormal EMG and normal Lumbar Spine MRI; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging,	This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging,	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging,	This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for bilateral hip avascular necrosis.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material	; This study is being ordered for trauma or injury.; 8/26/19; There has been treatment or conservative therapy.; ; Mrs. Brotherton is seen today for a new problem. As patient presents for 2 new problems. She states that she is been having problems with pain soreness which radiates from her elbow arm down into her hand causing paresthesias of the ring and small finge; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material	There is a history of upper extremity joint or long bone trauma or injury.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	39 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	6 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	3 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint;		1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint;	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	12 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	high clinical suspicion of rotator cuff tear; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; limited ROM, pain, stiffness, swelling; rest, activity modification, NSAIDs, physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Notes: F/U CHRONIC LT WRIST PAIN, HX OF LT SCAPHOLUNATE LIGAMENT RECONSTRUCTION (DOS-11/1/2019), STILL HAVING CONSTANT PAIN AND SORENESS THAT'S STARTING TO RADIATE INTO FOREARM, HAVING NUMBNESS IN HAND.sensation intact, + tinnel's test, + for pain, + Durk; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	patient had recent carpal tunnel release surgery and had an injury following surgery.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	modalities including: Activity modification, over-the-counter pain medications and anti-inflammatories, home exercise protocol and injection, we are planning for an MRI of both shoulders ;ASSESSMENT: ;1.Most li; This study is being ordered for trauma or injury.; over 4 years ago patient sustained bilateral shoulder pain. Patient was living in NY at this time, no date available; There has been treatment or conservative therapy.; Examination of both shoulders shows forward elevation on the right to 130, on the left to 110, abduction gets him to 90, external rotation of 30, neutral position, minimal internal rotation bilaterally getting only to L5. Positive impingement tests are n; pt has completed Physical therapy, NSAIDS, injections to both shoulders in NY - dates unknown.;last MRI scan September 15, 2016, four years ago. There was evidence for a full-thickness tear of the supraspinatus tendon with some retraction. ;Based on th; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist,	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	see attached clinicals; This study is being ordered for trauma or injury.; 6 weeks; There has been treatment or conservative therapy.; bilateral wrist pain, tingling and numbness in bilateral fingers; nsaid, oral steroids, home excercises, physical therapy, bracing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Shoulder Pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/13/2020; There has been treatment or conservative therapy.; SHoulder PAin; Injections , mEds, HEP;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	Surgery or arthrscopy is scheduled in the next 4 weeks.; The member has surgery planned.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	6 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	10 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	3 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Pt. having extreme sharp pain in L shoulder r/o rotator cuff tear, x-ray show severe arthritis, pt. has NSAIDS, pain meds, pain 8/10 scale significant night pain, interferes with ADL	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Shoulder pain, rotator cuff tear/impingement suspected	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; It is not known if the study is requested for shoulder pain.; This study is being ordered for something other than recent injury, planned surgery, mass, tumor or cancer, joint infection/inflammation, post operative evaluation, or aseptic necrosis	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; 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.	39 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; pt has had one week of PT, HEP one week, no spine injection 8/12/2020 pt moved heavy vacuum and felt tearingortho thinks possible tear	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; 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 biceps tendinitis rule out partial tear;had a steroid injection a week ago without relief he is taking NSAIDs without relief.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; 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.; She has an arthrogram proven rotator cuff tear on the right and we have done MRI to follow progression. Last MRI spring 2019. Reporting increasing pain and dysfunction with no event, incident or recurrence. ;;Radiographs reveal slight interruption of ar	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; 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.	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of	The requested study is a Shoulder MRI.; Study being ordered for post-operative evaluation.; The ordering physician is an orthopedist.	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; EVALUATION OF BICEP TENDON TO R/O BICEP TENDON TEAR	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; preop eval for rotator cuff tear	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Recent trauma, X-rays show degenerative glenohumeral arthritis with a high-riding humeral head consistent with a massive cuff tear. Jobe's is positive,significant right shoulder pain which is located over the anterior lateral right shoulder. It is worse	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Unknown	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; 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 had a recent bone scan.; The bone scan was normal.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient had a recent CT of the shoulder.; The shoulder CT was normal.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient has not had a recent CT of the shoulder.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	60	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; It is not known what type of medication the patient received.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020 7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	<p>The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; home exercises on and off for many years. Rest. Ice. Ibuprofen. Medical Marijuana.; The patient received oral analgesics.</p>	1 2020 Jul-Sep 2020
7/1/2020 - 9/30/2020 7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	<p>The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; The patient has received the following treatments nsaid and muscle relaxers, home exercise, pt unable to complete; Pain is become severe debilitating, difficulty lifting up her arm ;Causing radiating pains down towards her fingers; The patient received oral analgesics.</p>	1 2020 Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The patient received medication other than joint injections(s) or oral analgesics.; CBD;THC	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has not been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did not include exercise, prescription medication and follow-up office visits.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a 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.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	10 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	19 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	17 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; It is not known if the physician has directed conservative treatment for the past 4 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	15 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for post operative evaluation.; There are physical or plain film findings of delayed or failed healing.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.; This is NOT a Medicare member.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; The member has a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; This study is being ordered for something other than recent injury, planned surgery, mass, tumor or cancer, joint infection/inflammation, post operative evaluation, or aseptic necrosis	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There 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.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Arthritis of the patellofemoral joint. Medial compartment osteoarthritis with joint space collapse and osteophytes. Preparing for total knee replacement; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	ct is for knee replacement; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	CT prior to Total Knee Arthroplasty; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	CT required for Total Knee Arthroplasty; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Enter answer here - or Type In UnHe has end-stage right knee OA which is debilitating for him and has caused him to adjust his daily activities. It would be unreasonable to think this patient would benefit from further conservative treatment for this cond; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	evaluation of lumbar spine and femur for fracture after a fall; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Imaging shows Pt is bone on bone with sever osteoarthritis; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	PATIENT HAS TRIED INJECTIONAL THERAPY AND PHYSICAL THERAPY. SYMPTOMS HAVE CONTINUED TO WORSEN AND KNEE REPLACEMENT SURGERY IS NEXT OPTION.; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	Preoperative planning for TKA; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	see Clinical; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	She has been treated with medication, injection, therapy, etc. She has not had lasting relief with that. Right knee has progressively worsened. Pain is worse with weightbearing activity. She has frequent popping and giving way. We discussed the details of; This is a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is NOT being planned nor has it already been performed.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is NOT being planned nor has it already been performed.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast	This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; Yes this is a request for a Diagnostic CT	8 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; The patient has used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	<p>This is a request for a hip CT.; This study is being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is NOT being planned nor has one already been performed.</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020 7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is 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 being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is NOT being planned nor has one already been performed.</p>	1 2020 Jul-Sep 2020
7/1/2020 - 9/30/2020 7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.</p>	1 2020 Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.</p>	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is NOT being planned nor has one already been performed.</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020 7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	<p>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.</p>	1 2020 Jul-Sep 2020
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7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is NOT being planned nor has one already been performed.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT	9	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is 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.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	total knee arthroplasty; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73700 Computed tomography, lower extremity; without contrast material	X-ray; Standing AP and lateral views of the bilateral knees were obtained in the office today; Bone on bone medial compartments bilaterally and osteophytes medial femoral condyle and patella bilaterally;;IMPRESSION:; Bilateral knee degenerative arthr; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	; This study is being ordered for trauma or injury.; 8/1/20; There has been treatment or conservative therapy.; Joseph Lopez is a 37 years old male from Mountain Home, AR. This patient is seen today for their intitial evaluation of bilateral knee pain. The right knee is much more acute than the left. This individual states that a few weeks ago he was wrestling w; Joseph Lopez is a 37 years old male from Mountain Home, AR. This patient is seen today for their intitial evaluation of bilateral knee pain. The right knee is much more acute than the left. This individual states that a few weeks ago he was wrestling w; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	; This study is being ordered for trauma or injury.; 8/26/19; There has been treatment or conservative therapy.; ; Mrs. Brotherton is seen today for a new problem. As patient presents for 2 new problems. She states that she is been having problems with pain soreness which radiates from her elbow arm down into her hand causing paresthasias of the ring and small finge; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	.left tibial plateau fracture; 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.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.; Surgery is NOT being planned.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	patient also did home exercises, stretching; This study is being ordered for trauma or injury.; 06/01/2020; There has been treatment or conservative therapy.; pain, aching, locking, throbbing, inability to weight bear, effusion, positive grind test.; pt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PATIENT HAS HAD TO CHANGE HER DAILY ACTIVITIES DUE TO CONSTANT PAIN IN HER KNEES, NO RELIEIVING FACTORS; This study is 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 BILATERAL KNEE PAIN AND SEVERE SYMPTOMS FOR AT LEAST ONE YEAR; There has been treatment or conservative therapy.; BILATERAL KNEE PAIN, SWELLING, BUCKLING LOCKING, JOINT LINE TENDERNESS AND JOINT EFFUSION, POSITIVE MCMURRAYS; PATIENT HAS HAD CHANGE IN ACTIVITIES AND ACTIVITY MODIFICATION, TAKES NAPROXEN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	PLAN: Today, Amber is complaining of persistent ankle and foot pain. She has tried numerous treatment options and has failed all conservative measures including immobilization in CAM walking boot, ASO ankle brace, course of physical therapy, over-the-co; This study is being ordered for trauma or injury.; 05/14/2020; There has been treatment or conservative therapy.; Amber is a pleasant 40 year-old female who is presenting to clinic today complaining of pain in her left ankle and foot. About four months ago she was walking and she slipped on some wet tile and suffered an inversion injury to her ankle. She felt a pop; Cam walker walking boot, brace, a course of Physical therapy, otc medications, Ice, heat and activity modification; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; "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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a foot MRI.; 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.; Surgery or other intervention is not planned for in the next 4 weeks.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a foot MRI.; 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.; Surgery or other intervention is planned in the next 4 weeks.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is NOT being ordered for evaluation of Morton's Neuroma.; Surgery is planned in the next 30 days.; A biopsy has NOT been completed.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not had a recent bone scan.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a walking cast for at least 4 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with crutches for at least 4 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for neuroma.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is Orthopedics.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion was noted on the physical examination; The ordering MDs specialty is Orthopedics.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with Crutches; The ordering MDs specialty is Orthopedics.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is Orthopedics.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is Orthopedics.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is Orthopedics.	4 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is Orthopedics.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Instability; Surgery is being planned.; Arthroscopic surgery	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Instability; Surgery is NOT being planned.	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Locking; Surgery is NOT being planned.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Swelling greater than 3 days; It is unknown if surgery is planned.	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Swelling greater than 3 days; Surgery is being planned.; Arthroscopic surgery	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Instability; It is unknown if surgery is planned.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Instability; Surgery is NOT being planned.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Swelling greater than 3 days; It is unknown if surgery is planned.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Post-operative Evaluation	7 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Instability; Arthroscopic surgery	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Limited range of motion; Arthroscopic surgery	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Locking; Arthroscopic surgery	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Swelling greater than 3 days; Arthroscopic surgery	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	281 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Limited range of motion	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Surgery is being planned.; Arthroscopic surgery	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Surgery is NOT being planned.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Pain greater than 3 days; Surgery is NOT being planned.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; It is unknown if surgery is planned.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; Surgery is NOT being planned.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; The plain films were not normal.; This study is being ordered for Known or Suspected Joint Infection	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Total Knee Arthroplasty (TKA)	5	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for 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.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The member has a recent injury.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The member has surgery planned.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The study is for a mass, tumor or cancer.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	10	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	5	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking antibiotics.; Non Joint is being requested.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is not a pulsatile mass.; There is not a suspicion of an infection.; 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.; Non Joint is being requested.	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Approx 2-3 months ago; It is not known if there has been any treatment or conservative therapy.; complaints of bilateral knee pain. He notes over the past several months his knees have begun to hurt. He also notes a bump particularly on the right lateral aspect of his patella. He describes pain being worse with activities. n; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	will fax; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; This study is being ordered for None of the above; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; It is unknown if surgery is planned.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	11	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; Tendon or ligament injuryis not suspected.; There is a suspicion of fracture not adequately determined by x-ray.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has not failed a 4 week course of conservative management in the past 3 months.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	09/10/2020; There has not been any treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	see clinicals; This study is being ordered for a neurological disorder.; see clinicals; There has been treatment or conservative therapy.; see clinicals; see clinicals; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	the doctor ordered a ct scan of chest wall and cervical spine because patient can not of an MRI done because of implanted device. The previously approved MRI of shoulder was not done because of implanted device. Patient having chest wall pain with cervica; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	the doctor ordered a ct scan of chest wall and cervical spine because patient can not of an MRI done because of implanted device. The previously approved MRI of shoulder was not done because of implanted device. Patient having chest wall pain with cervica; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/02/2020; There has been treatment or conservative therapy.; Severe, debilitating back,hip and leg pain; Patient is currently on Tramadol and has had joint injections also; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is reflex abnormality.; He had a decompression at L3-4, L4-5 and L5-S1 with Dr. peek on 3/9/2018. He did very well after that initially next started running. However soon after that he started developing increasing back pain and had to stop working. He has had no surgery since t; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have 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?; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Bilateral lower extremity weakness, with numbness and tingling down both lower extremities.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given This study is being ordered for Other	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	7	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury occur within the past 72 hours.; The patient had an abnormal xray indicating a complex fracture or severe anatomic derangement of the cervical spine; This is NOT a Medicare member.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The trauma or injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	5	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	7 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	23 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.;	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. Enter date of initial onset here - or Type In Unknown If No Info Given It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	28	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	5	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	7 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	6 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Her pain has been going on for greater than 6 months. X-rays do reveal bilateral sacroiliitis. The patient may need bilateral SI joint fusion or possible hip replacement.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT ; The surgery being considered a hip replacement surgery.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/18/2019; There has been treatment or conservative therapy.; Low back pain with radiculopathy; Physical therapy, medication and joint injecton; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	PT HAS HISTORY OF PELVIC PAIN, AND HAS A A NERVE STIMULATOR IN PLACE. PT HAS HAD PHYSICAL THERAPY AND A DOSEPAK WITH NOT RELIEVING FACTORS. HURTS TO GO UPSTAIRS, PAIN ALSO IN RIT THIGH AND INTERIOR HIP.; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	significant pain down the left anterior lateral thigh. She has had some snapping associated with this. She has also had some sensory change. She had previous spinal surgery. She has not had a recent MRI of her hip or lumbar spine. She did have a IT b; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Appears to have a carpal boss versus dislocation. +finklestine ;Noted with ECU tendon popping.; This study is being ordered for trauma or injury.; 2018; There has been treatment or conservative therapy.; right 2nd metacarpal joint displacement at wrist joint;Functional Limitation;;Pinching, Buttoning / tying shoes, Writing, Opening packages / containers, Gripping, Retrieving objects from pocket, Donning glove and Receiving objects in palm; saw OT for PF splint and home exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast	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 suspicion of upper extremity neoplasm or tumor or metastasis.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	high clinical suspicion of rotator cuff tear; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; limited ROM, pain, stiffness, swelling; rest, activity modification, NSAIDs, physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Shoulder Pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/13/2020; There has been treatment or conservative therapy.; SHoulder PAin; Injections , mEds, HEP,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	Radiology Services Denied Not Medically Necessary	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Pt is a 71 years old RHD Female with BILATERAL shoulder pain for months. RIGHT is most painful. No initial injury. No pain at night. No numbness or tingling. Patient had neck surgery in October 2019. Patient takes hydrocodone and Aleve. ;BILATERAL Shou	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.;	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	16	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received medication other than joint injections(s) or oral analgesics.; Hydrocodone-acetaminophen;gabapentin	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	6 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	14 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; There is a suspicion of fracture not adequately determined by x-ray.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	3 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has surgery planned.; This is NOT a Medicare member.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; The member has a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; This study is being ordered for something other than recent injury, planned surgery, mass, tumor or cancer, joint infection/inflammation, post operative evaluation, or aseptic necrosis	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	.right knee ;The patient is a 59 year old male who returns for follow-up of his severe right knee pain and degenerative arthritis. The patient's right total knee replacement scheduled for March was postponed because of the Covid pandemic. He returns to; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is 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 used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	X-ray: right knee x-rays reviewed: Bone on bone medial compartment, osteophytes patella and distal femur, mild varus deformity.;;IMPRESSION;;Right knee degenerative arthritis, end stage;;PLAN;; The x-ray and exam findings were reviewed with the pati; This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is being planned or has already been performed.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 8/1/20; There has been treatment or conservative therapy.; Joseph Lopez is a 37 years old male from Mountain Home, AR. This patient is seen today for their intitial evaluation of bilateral knee pain. The right knee is much more acute than the left. This individual states that a few weeks ago he was wrestling w; Joseph Lopez is a 37 years old male from Mountain Home, AR. This patient is seen today for their intitial evaluation of bilateral knee pain. The right knee is much more acute than the left. This individual states that a few weeks ago he was wrestling w; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Chronic pain, suspect ligamentous tear; plain films nondiagnostic; Other Medical Necessity: Suspect PTTD; This study is being ordered for trauma or injury.; 9.28.19; There has been treatment or conservative therapy.; The; left foot pain is described as aching, burning, shooting, stabbing, swelling, and throbbing and associated with swelling.; She has been treated with NSAIDs and medrol 4mg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	DR BALL NEEDS TO SEE IF THERE IS A STRUCTURAL REASON FOR THE PAIN. IF IT IS POSSIBLY COMING FROM THE BACK.; This study is being ordered for Vascular Disease.; 08/14/2020; There has been treatment or conservative therapy.; pain and swelling, a venous doppler was performed and showed no DVT. She does have a small popliteal cyst. she also has arthritis in the knee joint; NASID's, joint injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for infection.; There are NO physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not had a recent bone scan.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has NOT had foot pain for over 4 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for neuroma.; The patient has had foot pain for over 4 weeks.; The patient has been treated with something other than crutches, a protective boot, walking cast, immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with orthotics for at least 6 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Locking; Surgery is being planned.; Arthroscopic surgery	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	8 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	6 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is not a suspicion of an infection.; 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.; Non Joint is being requested.; A Total Hip or Knee Arthroplasty is being planned or has already been performed.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is not a suspicion of an infection.; 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.; Non Joint is being requested.	3 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	5	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Orthopedics	Disapproval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Radiology Services Denied Not Medically Necessary	patient has had increasing left hip and thigh pain for 5 days after a fall, I am concerned about an occult fracture. will send for mri.ecchymosis; left hip and distal femur ecchymosis.; Requestor has decided to proceed with the unlisted code.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Osteopath	Approval	71250 Computed tomography, thorax; without contrast material	The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70450 Computed tomography, head or brain; without contrast	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack) with onset of symptoms less than 48 hours ago.; This is a Medicare member.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70486 Computed tomography, maxillofacial area; without	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; They have had recurrent, 4 or more, acute episodes per year of Rhinosinusitis; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Diffuse large B-cell lymphoma of intra-abdominal lymph nodes; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70490 Computed tomography, soft tissue neck; without contrast	This is a request for neck soft tissue CT.; There has been recent trauma or other injury to the neck.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	01. Body mass index (BMI) 32.0-32.9, adult;02. Nonrheumatic aortic valve stenosis;Aortic stenosis; based on echo in 08/2019 valve does not meet severe criteria. Will repeat echo today to reevaluate. ;Once criteria is met would recommend proceeding with; This study is being ordered for Vascular Disease.; 07/24/19; There has been treatment or conservative therapy.; aortic stenosis,CAD, diabetes mellitus; Aortic stenosis; based on echo in 04/2019 valve does not meet severe criteria. Will repeat echo today to reevaluated. ;Pathophysiology of AS discussed in depth as well the anticipated work up process and TAVR procedure. Once criteria is met would recomme; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	01. Body mass index (BMI) 32.0-32.9, adult;02. Nonrheumatic aortic valve stenosis;Aortic stenosis; based on echo in 08/2019 valve does not meet severe criteria. Will repeat echo today to reevaluate. ;Once criteria is met would recommend proceeding with; This study is being ordered for Vascular Disease.; 07/24/19; There has been treatment or conservative therapy.; aortic stenosis,CAD, diabetes mellitus; Aortic stenosis; based on echo in 04/2019 valve does not meet severe criteria. Will repeat echo today to reevaluated. ;Pathophysiology of AS discussed in depth as well the anticipated work up process and TAVR procedure. Once criteria is met would recomme; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70498 Computed tomographic angiography, neck, with contrast	Yes, this is a request for CT Angiography of the Neck.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; last 2-3 months; It is not known if there has been any treatment or conservative therapy.; syncope and collapse, loss of memory; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Will fax clinicals; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	States she's had headaches since injury 6 years ago.; It is not known if there has been any treatment or conservative therapy.; Headaches, dizziness, pain, visual disturbances; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	7	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; 'None of the above' describe the headache's character.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; The character of the headache is unknown.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; Known or suspected infection best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has been diagnosed with known Multiple Sclerosis.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; Other causes have been ruled out.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This study is being ordered for a neurological disorder.; 2018; There has been treatment or conservative therapy.; Mobility: imbalance, falls. utilizes a cane; ;Vision: she has blurred vision, bilaterally. "spots, floaters". ;weight loss;nausea and vomiting;lapses in memory ;hx of meningioma ;inability to tandem gait, difficulty with tip toe or heel walking; Dif; Reglan; BACLOFEN, AND ZOLOFT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	8mm nodule in the left lower lobe; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	abnl incidental findings on Chest CT 09/2019, patient is having increasing symptoms of stabbing chest pain and dyspnea; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	Diffuse large B-cell lymphoma of intra-abdominal lymph nodes; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	Fungal titers were obtained to rule out previous fungal infection; There is no radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	<p>Johnny R Barnes is a pleasant 55 y.o. year-old male who has known hyperlipidemia, DVT, CAD, hypertension, a sending aortic aneurysm, obesity, tobacco dependence and DDD. He has been called today for results of CT chest on 3/6/2020 that shows ascending th; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	<p>Pain anterior, chest wall, posterior, right side. Pain, aching, stabbing, tender and sharp that is worsening. Onset 2 months ago. X-ray of the ribs was complted and found to be negative but pain is worsening. Wanting to rule out malignancy, tumor or rib fr; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	<p>Patient seen on 7/8/20 for a cough and xray showed possible bronchitis. Patient came back on 7/22/20 for no improvement and xray showed pneumonia. Patient negative for COVID and flu. Radiologist recommends chest CT.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	<p>She had recent laminectomy in October and had CT scan prior that showed a ascending aneurysm of 4.3 cm and Descending of 3.5 cm. She denies chest, back and or abdominal pain. She has just quit smoking. She has distal pulses and has slight edema to right l; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Vascular Disease; The ordering MDs specialty is NOT Thoracic Surgery or Vascular Surgery.</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	01. Body mass index (BMI) 32.0-32.9, adult;02. Nonrheumatic aortic valve stenosis;Aortic stenosis; based on echo in 08/2019 valve does not meet severe criteria. Will repeat echo today to reevaluate. ;Once criteria is met would recommend proceeding with; This study is being ordered for Vascular Disease.; 07/24/19; There has been treatment or conservative therapy.; aortic stenosis,CAD, diabetes mellitus; Aortic stenosis; based on echo in 04/2019 valve does not meet severe criteria. Will repeat echo today to reevaluated. ;Pathophysiology of AS discussed in depth as well the anticipated work up process and TAVR procedure. Once criteria is met would recomme; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72125 Computed tomography, cervical spine; without contrast material	Clinicals faxed; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to 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 Abnormal gait.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72128 Computed tomography, thoracic spine; without contrast material	This is a request for a thoracic spine CT.; The study is being ordered due to 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.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	5	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	This is a request for cervical spine MRI; This procedure is being requested for suspected tumor	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for a neurological disorder.; 2018; There has been treatment or conservative therapy.; Mobility: imbalance, falls. utilizes a cane; ;Vision: she has blurred vision, bilaterally. "spots, floaters". ;weight loss;nausea and vomiting;lapses in memory ;hx of meningioma ;inability to tandem gait, difficulty with tip toe or heel walking; Dif; Reglan; BACLOFEN, AND ZOLOFT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	unknown; 2014; There has been treatment or conservative therapy.; patient is having sharp stabbing, thrombing acing pain radiation to arm and hand, numbness; patient has had medication and physical therapy; This study is being ordered for Other	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for 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.; 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 had oral analgesis, home exercises and over 3 weeks of PT with no improvement and worsening pain.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Patient has bilateral weakness on all four extremities.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This study is being ordered for a neurological disorder.; 2018; There has been treatment or conservative therapy.; Mobility: imbalance, falls. utilizes a cane; ;Vision: she has blurred vision, bilaterally. "spots, floaters". ;weight loss;nausea and vomiting;lapses in memory ;hx of meningioma ;inability to tandem gait, difficulty with tip toe or heel walking; Dif; Reglan; BACLOFEN, AND ZOLOFT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	13 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	7 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	unknown; 2014; There has been treatment or conservative therapy.; patient is having sharp stabbing, throbbing acing pain radiation to arm and hand, numbness; patient has had medication and physical therapy; This study is being ordered for Other	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72192 Computed tomography, pelvis; without contrast material	Patient is having increased pain in her groin area and possible fracture.; There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT ; The surgery being considered is NOT a hip replacement surgery.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Abnormal mri of spine lumbar needing mri of pelvis for further evaluation.; This is a request for a Pelvis MRI.; Yes, this is a preoperative study.; It is not known if surgery is planned for within 30 days.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Indeterminate 12 x 19 x 22 multiseptated fluid collection present within the anterior aspect of the pelvis and abdomen. Mass like thickening within the region of the cervix. Potential for cervical malignancy/ Given the large size MRI is recommended over; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or joint infection.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT ; A Total Knee Arthroplasty (TKA) is NOT being planned nor has it already been performed.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	73706 Computed tomographic angiography, lower extremity, with contrast	Yes, this is a request for CT Angiography of the lower extremity.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; "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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not had a recent bone scan.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Instability; Surgery is NOT being planned.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Pain greater than 3 days; Surgery is NOT being planned.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed exercise program	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for an Ankle MRI.; "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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The study is for a mass, tumor or cancer.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if there is a suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;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.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	01. Body mass index (BMI) 32.0-32.9, adult;02. Nonrheumatic aortic valve stenosis;Aortic stenosis; based on echo in 08/2019 valve does not meet severe criteria. Will repeat echo today to reevaluate. ;Once criteria is met would recommend proceeding with; This study is being ordered for Vascular Disease.; 07/24/19; There has been treatment or conservative therapy.; aortic stenosis,CAD, diabetes mellitus; Aortic stenosis; based on echo in 04/2019 valve does not meet severe criteria. Will repeat echo today to reevaluated. ;Pathophysiology of AS discussed in depth as well the anticipated work up process and TAVR procedure. Once criteria is met would recomme; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with	This is a request for CT Angiography of the Abdomen and Pelvis.	3	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Diffuse large B-cell lymphoma of intra-abdominal lymph nodes; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
					Enter answer here - or Type In Unknown If No Info Given. This study is 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 clinicals; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology			
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		1	2020	Jul-Sep 2020
					This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.			
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		1	2020	Jul-Sep 2020
					This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT			
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without	This is a request for an Abdomen and Pelvis CT.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Other; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Diverticulitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; It is not known if this is a request for initial staging of a known tumor other than prostate.; It is unknown if there has been a recent (within the last 3 months) Abdomen and/or Pelvis CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; yes, there is a palpable or observed abdominal mass.; unknown; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	9 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are physical findings or abnormal blood work consistent with pancreatitis.; A lipase abnormality was noted.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a tumor.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	01. Body mass index (BMI) 32.0-32.9, adult;02. Nonrheumatic aortic valve stenosis;Aortic stenosis; based on echo in 08/2019 valve does not meet severe criteria. Will repeat echo today to reevaluate. ;Once criteria is met would recommend proceeding with; This study is being ordered for Vascular Disease.; 07/24/19; There has been treatment or conservative therapy.; aortic stenosis,CAD, diabetes mellitus; Aortic stenosis; based on echo in 04/2019 valve does not meet severe criteria. Will repeat echo today to reevaluated. ;Pathophysiology of AS discussed in depth as well the anticipated work up process and TAVR procedure. Once criteria is met would recomme; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Yes, this is a request for CT Angiography of the abdominal arteries.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	will fax; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	E. Symptoms are present with minimal activity and improve at rest. Cannot rule out anginal equivalent. No frank cp reported. Will arrange for pharm MPI to assess for underlying ischemia. ;2. PAF. followed by Dr. Nair. hx ablation. Check echo. ; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or	Mr. Walters is a new patient here today for cardiac evaluation. He was referred by Heather Graves. He reports that every evening that his heart races as if he had a pot of coffee. He complains of shortness of breath with and without exertion, dizziness an; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	Presents with 3 week history of chest pain, dyspnea with exertional activities lasting about 20 minutes, does resolve with rest. NO exp wheezing, no chest congestion, no fever or chills, she did have CABG one year ago; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has NOT been greater than 2 years since the surgery/procedure or last cardiac imaging.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has been greater than 2 years since the surgery/procedure or last cardiac imaging.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is a physical restriction to the member's ability to exercise	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.;	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Chest pain of suspected cardiac etiology ; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was NOT considered abnormal	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for symptoms of a heart problem; This study is being ordered for none of the above or don't know.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	5 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	12 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Enter answer here - or Type In Unknown If No Info Given. >FAX CLINICALS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	prior study request a repeat in 3 months. .; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		UNKNOWN; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	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; It is unknown why an MRI is not being considered	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Reported short term memory loss. He will get confused at meal time. He may wake up from a nap with disorientation and not know if its day or night. He has problems with processing information at times.Continue with Sinement at the present dose. He will st; 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	4 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; 09/09/2020; There has been treatment or conservative therapy.; ENLARGED LYMPH NODES AND RECENT ON SET OF HEADACHES; PATIENT IS HERE FOR TRANSITION OF CARE FROM AN INPATIENT HOSPITAL STAY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; It is not known if the neck mass has been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; 09/09/2020; There has been treatment or conservative therapy.; ENLARGED LYMPH NODES AND RECENT ON SET OF HEADACHES; PATIENT IS HERE FOR TRANSITION OF CARE FROM AN INPATIENT HOSPITAL STAY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; last 2-3 months; It is not known if there has been any treatment or conservative therapy.; syncope and collapse, loss of memory; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	70547 Magnetic resonance angiography, neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Has chronic neck and back pain off and on x several years. States she was seen by another provider in the clinic for her neck pain that has been causing her to have numbness and tingling down her arms bilaterally. States the right arm is worse than the le; This is a request for a Neck MR Angiography.; The patient has NOT had an onset of neurologic symptoms within the last two weeks.; The patient has NOT been diagnosed with Coarctation of the aorta, Marfan's syndrome, Neurofibromatosis, or Moya-moya disease.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	6 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; The type of tumor is unknown.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	08/13/20; There has not been any treatment or conservative therapy.; Pt has had a soft tissue Ultrasound Right Pelvis, it stated a ct chest, abdomen and pelvis with contrast is advised to determine if other areas of lymphadenopathy are present; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	2018; There has been treatment or conservative therapy.; WEIGHT LOSS ; FATIGUE; NAUSEA; VOMITING 2 TIMES A WEEK; HX OF IBS; REGLIN, BACLOFEN AND ZOLOFT; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest wall pain; There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	History of Present Illness: Christine L Hlavin is a pleasant 61 y.o. year-old female who is being seen in the CVT surgery clinic for follow up. Mrs. Hlavin has known thoracic ascending aortic aneurysm, obesity, asthma, GERD and seasonal allergies. She is; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Multiple nodule of lungs; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	will fax; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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?; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	; ; It is not known if there has been any treatment or conservative therapy.; ; This study is being ordered for Other	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; increasing over the last few months; There has been treatment or conservative therapy.; The pain remains localized in his neck area and between his shoulderblades. He has a headache in the occipital area at times. The neck pain is worse with any type of work. Nothing really gives him any relief. He wakes up every morning with both hands num; He has tried pain medication and he has problems with insomnia if he takes pain medication but it helps. Muscle relaxants have helped. Chiropractor has helped but he has to go too often. Steroids have not helped.; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has severe and worsening pain in his cspine area and lower back.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is referred to a neurosurgeon for a pain stimulator. Neurosurgeon is requesting current imaging in order to proceed with surgery.; 2012; There has been treatment or conservative therapy.; Cervical Radiculopathy; Neck Pain; Lumbar Radiculopathy; S/P Lumbar Fusion; Lower back pain; Thoracic Radiculopathy; Mid back pain; She has had injections in Cervical Spine and Lumbar Spine, physical therapy, medication, and a lumbar fusion.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient needs new MRI's in order to be evaluated by neurosurgeon. Symptoms are worsening; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Severe pain in Neck and lower back. Patient has done at home therapy for the last 10 weeks and symptoms are worsening.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	States she's had headaches since injury 6 years ago.; It is not known if there has been any treatment or conservative therapy.; Headaches, dizziness, pain, visual disturbances; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Last MRI in 2018. It showed disc protrusion at L4-5 which is up against the L5 nerve root. Mild neural foraminal stenosis. Protrusion at L5-S1. He is having more and increased back pain and problems with his leg.; Prior to 2018.; There has been treatment or conservative therapy.; - Radiating pain from back down to right leg.- Increasing mid-lower back pain.- Tenderness to palpation in Thoracic and Lumbar spine area.; Physical Therapy: Still attending.; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is referred to a neurosurgeon for a pain stimulator. Neurosurgeon is requesting current imaging in order to proceed with surgery.; 2012; There has been treatment or conservative therapy.; Cervical Radiculopathy; Neck Pain; Lumbar Radiculopathy; S/P Lumbar Fusion; Lower back pain; Thoracic Radiculopathy; Mid back pain; She has had injections in Cervical Spine and Lumbar Spine, physical therapy, medication, and a lumbar fusion.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	;; It is not known if there has been any treatment or conservative therapy.; ; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	;; There has been treatment or conservative therapy.; ; ; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	;; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; increasing over the last few months; There has been treatment or conservative therapy.; The pain remains localized in his neck area and between his shoulderblades. He has a headache in the occipital area at times. The neck pain is worse with any type of work. Nothing really gives him any relief. He wakes up every morning with both hands num; He has tried pain medication and he has problems with insomnia if he takes pain medication but it helps. Muscle relaxants have helped. Chiropractor has helped but he has to go too often. Steroids have not helped.; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Last MRI in 2018. It showed disc protrusion at L4-5 which is up against the L5 nerve root. Mild neural foraminal stenosis. Protrusion at L5-S1. He is having more and increased back pain and problems with his leg.; Prior to 2018.; There has been treatment or conservative therapy.; - Radiating pain from back down to right leg.-; Increasing mid-lower back pain.-; Tenderness to palpation in Thoracic and Lumbar spine area.; Physical Therapy: Still attending.; This study is being ordered for Other	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has severe and worsening pain in his cspine area and lower back.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is referred to a neurosurgeon for a pain stimulator. Neurosurgeon is requesting current imaging in order to proceed with surgery.; 2012; There has been treatment or conservative therapy.; Cervical Radiculopathy;Neck Pain;Lumbar Radiculopathy;S/P Lumbar Fusion;Lower back pain;Thoracic Radiculopathy;Mid back pain; She has had injections in Cervical Spine and Lumbar Spine, physical therapy, medication, and a lumbar fusion.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Patient needs new MRI's in order to be evaluated by neurosurgeon. Symptoms are worsening; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Severe pain in Neck and lower back. Patient has done at home therapy for the last 10 weeks and symptoms are worsening.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	16 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Recent evidence of fracture documented by x-ray	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	9 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Pain; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/09/2020; There has been treatment or conservative therapy.; Abdominal pain, nausea vomiting, and diarrhea; Nausea Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	will fax records; The pain is described as chronic; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; pain; analgesic, Meds, Home exercises and PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	n/a; This study is being ordered for trauma or injury.; Feb 2020; There has been treatment or conservative therapy.; Pain, popping, grinding, bilateral weakness, non-weight bearing.; At home exercises, using inseds, resting, elevating and icing.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	Patient has been experiencing acute knee and hip pain. Can not rule out arthritis through X-Ray or CT. PT has been experiencing instability and is a fall risk due to weight; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with an Ace bandage; The ordering MDs specialty is NOT Orthopedics.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is not a suspicion of an infection.; 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.; Non Joint is being requested.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Patient has been experiencing acute knee and hip pain. Can not rule out arthritis through X-Ray or CT. PT has been experiencing instability and is a fall risk due to weight; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of an Abscess of the upper abdominal area.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	08/13/20; There has not been any treatment or conservative therapy.; Pt has had a soft tissue Ultrasound Right Pelvis, it stated a ct chest, abdomen and pelvis with contrast is advised to determine if other areas of lymphadenopathy are present; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Other not listed	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	2018; There has been treatment or conservative therapy.; WEIGHT LOSS ; FATIGUE; NAUSEA; VOMITING 2 TIMES A WEEK; HX OF IBS; REGLEN, BACLOFEN AND ZOLOFT; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >FAX CLINICALS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	She had recent laminectomy in October and had CT scan prior that showed a ascending aneurysm of 4.3 cm and Descending of 3.5 cm. She denies chest, back and or abdominal pain. She has just quit smoking. She has distal pulses and has slight edema to right l; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Vascular Disease; The ordering MDs specialty is NOT Thoracic Surgery or Vascular Surgery.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are physical findings or abnormal blood work consistent with pancreatitis.; A lipase abnormality was noted.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/09/2020; There has been treatment or conservative therapy.; Abdominal pain, nausea vomiting, and diarrhea; Nausea Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Radiology Services Denied Not Medically Necessary	Patient is now having chest pain and is unable to control blood pressure even on medication.; 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 less than 20	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for none of the above or don't know.; The ordering provider's specialty is NOT Rheumatology.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for pre- operative evaluation.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	3 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Other	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	OTHER O/P DIAG TESTING	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is a history of serious head or skull, trauma or injury.ostct"	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is a preoperative or recent postoperative evaluation.	5	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	15	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); Yes this is a request for a Diagnostic CT ; It has been less than 28 days since onset AND the patient improved, then worsened	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	1.Recurrent sinusitis by history with sinus pressure, sinus headaches and recurrent infection requiring antibiotics. It has been going on for at least a year. Each time she takes antibiotics it improves/resolved and it seems to be come back. ;2.Unde;"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	ct sinus, CXR has had 2 rounds of antibiotics. and not sure at 89 what we would do if sinus was an issue but will get ct sinus and at least a CXR since she smokes; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	I recommend oral antibiotic, oral short steroid burst of prednisone 20 mg daily for the next 4 days. Patient has had difficulty tolerating high-dose steroids and but is willing to take low-dose. We discussed risk of GI, mood alteration, avascular course; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for follow-up to trauma.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; It is unknown if Surgery will occur in the next 30 days	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This case was created via BBL; The orderings MDs specialty is Otolaryngology; Surgery will occur in the next 30 days	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This case was created via RadMD.; Agreed; The orderings MDs specialty is Otolaryngology; Surgery will occur in the next 30 days	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT ; This case was created via BBI.; The orderings MDs specialty is Otolaryngology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	22 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT ; None of the above apply to this patient	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	3 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without	This study is being ordered for a known or suspected tumor.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without	This study is being ordered for follow-up to trauma.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without	This study is being ordered for post-operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without	This study is being ordered for pre-operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); Yes this is a request for a Diagnostic CT ; This is a Medicare member.; It has been 28 or more days since onset AND the patient failed a course of treatment	3 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	6 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has NOT been diagnosed with cancer.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; It is not known if the neck mass has been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was done.; The patient has NOT been diagnosed with cancer.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	6 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; It is unknown if surgery is scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast	This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	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.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	8 2020	Jul-Sep 2020
<p data-bbox="1283 423 1625 998">Will go ahead and start her on daily allergy treatment in case allergies are contributing to eustachian tube dysfunction. Will check a CTA to further evaluation pulsatile tinnitus.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/20/2020; There has not been any treatment or conservative therapy.; is pressure in ears and hears pulsing sound in ears. Hearing like she is under water. She takes antihistamines for sneezing and nasal congestion.. feels like ears are stopped up/pressure sensation. Can hear her pulse in her ears.Increase issues with aller; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>							
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Will go ahead and start her on daily allergy treatment in case allergies are contributing to eustachian tube dysfunction. Will check a CTA to further evaluation pulsatile tinnitus.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/20/2020; There has not been any treatment or conservative therapy.; is pressure in ears and hears pulsing sound in ears. Hearing like she is under water. She takes antihistamines for sneezing and nasal congestion.. feels like ears are stopped up/pressure sensation. Can hear her pulse in her ears.Increase issues with aller; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Will go ahead and start her on daily allergy treatment in case allergies are contributing to eustachian tube dysfunction. Will check a CTA to further evaluate pulsatile tinnitus.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/20/2020; There has not been any treatment or conservative therapy.; is pressure in ears and hears pulsing sound in ears. Hearing like she is under water. She takes antihistamines for sneezing and nasal congestion.. feels like ears are stopped up/pressure sensation. Can hear her pulse in her ears.Increase issues with aller; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face,	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70540 Magnetic resonance (eg, proton) imaging,	This is a request for a Face MRI.; There is a history of orbit or face trauma or injury.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Pulsatile tinnitus; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. >fax cl;inicals; This request is for a Brain MRI; The study is 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	ocassional h/a; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	20	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The 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	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; This is NOT a Medicare member.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Yes, this is a request for CT Angiography of the abdominal arteries.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Head/Neck Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; 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 Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Head/Neck Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 2016; There has not been any treatment or conservative therapy.; unable to speak; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Disapproval	70450 Computed tomography, head or brain; without contrast material	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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or	Radiology Services Denied Not Medically Necessary	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	6	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; It has been 28 or more days since onset AND the patient failed a course of medical therapy including, antibiotics, steroids, and anti-histamines; 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)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; 2016; There has not been any treatment or conservative therapy.; unable to speak; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; It is not known if the neck mass has been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The 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.; The patient has NOT been diagnosed with cancer.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; synopsis; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; synopsis; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Disapproval	73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	Skin has focal epidermal changes as well with sebaceous overgrowth of the skin on the left face.; This study is being ordered for Vascular Disease.; 09/27/1998- had this since birth; There has been treatment or conservative therapy.; complex overgrowth condition of left face lesion/s that was present at birth; surgical reduction; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Skin has focal epidermal changes as well with sebaceous overgrowth of the skin on the left face.; This study is being ordered for Vascular Disease.; 09/27/1998- had this since birth; There has been treatment or conservative therapy.; complex overgrowth condition of left face lesion/s that was present at birth; surgical reduction; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 2 PET Scans have already been performed on this patient for this cancer.; 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 Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Otolaryngology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; 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 Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pediatric Hematology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are NO documented neurologic findings suggesting a primary brain tumor.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has been diagnosed with known Multiple Sclerosis.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Vertigo - "spinning dizziness" best describes the reason that I have requested this test.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 10 years old.; This request is NOT being ordered by a Cardiologist.; Other than listed above best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Follow-up Lymphoma; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Disapproval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/20/2020; It is not known if there has been any treatment or conservative therapy.; The pt has blurry spots in corner vision.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/20/2020; It is not known if there has been any treatment or conservative therapy.; The pt has blurry spots in corner vision.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Follow-up Lymphoma; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Baker's cyst (swelling in the back of the knee) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Follow-up Lymphoma; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for hematuria.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is being ordered to evaluate an undescended testicle in a male.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Disapproval	74181 Magnetic resonance (eg, proton) imaging, 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 staging.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pediatrics	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Non Specific EKG Changes	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Physical Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		see clinicals; This study is being ordered for trauma or injury.; see clinicals; There has been treatment or conservative therapy.; see clinicals; see clinicals; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Physical Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	see clinicals; This study is being ordered for trauma or injury.; see clinicals; There has been treatment or conservative therapy.; see clinicals; see clinicals; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Physical Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Physical Medicine	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Physical Medicine	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Physical Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Physical Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Physical Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Physical Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Physical Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Physical Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Physical Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Physical Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Plastic Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Plastic Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Plastic Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Plastic Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Plastic Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; Ringing in the ears (tinnitus), hearing loss or abnormal hearing test best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Plastic Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; This is a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Plastic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	"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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Plastic Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Plastic Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; Yes, the patient have a known mutation such as BRCA1, BRCA2, PTEN or TP53.; The patient does NOT have a lifetime risk score of greater than 20.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Plastic Surgery	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material		This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; The patient has used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; PT has a mass on each foot and increase in size	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; "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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a foot MRI.; "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 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a foot MRI.; 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.; Surgery or other intervention is planned in the next 4 weeks.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is NOT being ordered for evaluation of Morton's Neuroma.; It is unknown if surgery, fine needle aspirate or a biopsy is planned in the next 30 days.; A biopsy has NOT been completed.	3 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is NOT being ordered for evaluation of Morton's Neuroma.; Surgery is planned in the next 30 days.; A biopsy has NOT been completed.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a foot MRI.; The study is being ordered for a pre op.; It is not known if surgery is planned for within 30 days.; This study is NOT being ordered for assessment of a known fracture fragment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a foot MRI.; The study is being ordered for a pre op.; Surgery is planned for within 30 days.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered to evaluate a possible non union fracture.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with orthotics for at least 6 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, 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	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	This is a request for an Ankle MRI.; "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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The member has a recent injury.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	This is a request for an Ankle MRI.; The study is requested for a reason other than ankle pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is not a pulsatile mass.; There is not a suspicion of an infection.; 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.; Non Joint is being requested.; A Total Hip or Knee Arthroplasty is NOT being planned nor has one already been performed.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Yes, this is a request for CT Angiography of the abdominal arteries.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2017; There has been treatment or conservative therapy.; Motion was abnormal Gastroc equinus, Posterior calcaneus with significant medial and lateral spurring, pain with palpation at Achilles insertion. Significant insertional calcification at Achilles insertion with advanced medial and lateral posterior calca; shoe modification and anti-inflammatory meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 7/2/20; There has been treatment or conservative therapy.; CHRONIC PAIN; 7/2/20; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 7/28/20; There has been treatment or conservative therapy.; pain; 7/28/20; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 12/27/18; There has been treatment or conservative therapy.; pain; 9/11/20; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.; This is a request for bilateral foot MRI.;	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; PT has a mass on each foot and increase in size	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/25/2020 office visit pain for years; There has been treatment or conservative therapy.; pain outside right side of foot9/10 pain scale; gave patient boot on 8/25/2020; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for trauma or injury.; March 2020; There has been treatment or conservative therapy.; Pain, Swelling; Cast Boot; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	pain; This study is being ordered for trauma or injury.; 7/28/20; There has been treatment or conservative therapy.; pain; medication. therepay; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	Tendonitis plantar fasciitis stress fx; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; 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.; Surgery or other intervention is planned in the next 4 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, 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 a pre op.; Surgery is planned for within 30 days.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, 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 known fracture.; The study is being ordered to evaluate a possible non union fracture.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, 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 known fracture.; The study is NOT being ordered for a routine follow up or for a possible non union fracture.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for 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 not been treated with crutches, protective bootm walking cast or immobilization for at least 4 weeks.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with crutches for at least 6 weeks.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	7 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Preventive Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without		This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Preventive Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Preventive Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	will fax in clinicals; 07/15/2020; There has been treatment or conservative therapy.; neck pain, numbness to the arm; steroids, Physical therapy; This study is being ordered for Other	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Preventive Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	will fax in clinicals; 07/15/2020; There has been treatment or conservative therapy.; neck pain, numbness to the arm; steroids, Physical therapy; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Psychiatry	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for a history of heart valve disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		pt ethology is unclear potentiality could represent neurogenic cough needing to rule out polyposis or some other structural reason for cough.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material		; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	20 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	3 month follow up due to comparison ct with increase in size of nodules. recommended by rads for this follow up. last ct was done on 06/22/2020; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	6-month follow-up of known R pulmonary nodules. See faxed clinical documents.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	65-year-old male patient, nonsmoker, with no significant past medical history, was referred to the Pulmonary Clinic for evaluation of shortness of Breath, reports he was told to 3 years ago that he has early COPD, patient reports history of asthma as a ch; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	3232 N. North Hills Blvd;Fayetteville, AR 72703;(479) 587-1700;; ; Comprehensive Cancer Care Services;; JACKSON, LINDA ;DOB::11/09/1953;;PET; HISTORY: Solitary pulmonary nodule TECHNIQUE: Whole body PET an; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; The patient had a Chest x-ray in the past 2 weeks.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	29	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Atypical chest pain for the last 3-4 years, the patient reports he has been evaluated in Arkansas heart Hospital and had a negative workup. ;Will obtain a CT scan of the chest with contrast for evaluation of possible thoracic pathology.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	clinicals faxed; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	clinical's faxed; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	coc; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Coin lesion, possible bronchiectasis; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	cough ;patient referred by Dr. Franks presents for evaluation of dyspnea.;;She's been hospitalized twice recently for her breathing, once in June in New Orleans secondary to pneumonia, and later in Arkansas for a COPD exacerbation.;;She complains of ; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" They had a previous Chest x- ray.;; A Chest/Thorax CT is being ordered.;; This study is being ordered for work-up for suspicious mass.;; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	CT CHEST (3/2020): Stable bilateral less than 3 mm indeterminate lung parenchymal nodules. Additional 6 month follow-up.;; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.;; This study is being ordered for work-up for suspicious mass.;; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	ct chest 3/26/20 ;;impression;;Bilateral small pulmonary nodule as described above with patchy lower lobe infiltrates/atelectasis. The nodules are of indeterminate etiology. A follow up CT scan of the chest for reevaluation on these finding in 3-6 month; A Chest/Thorax CT is being ordered.;; The study is being ordered for none of the above.;; This study is being ordered for non of the above.;; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	CT DONE 06/04/2020, NEED FOLLOWUP TO SEE IF BIOPSY IS NEEDED. WILL DO THIS ONE IN SEPT AS A 3 MO FUP.; IMPRESSION:; 1. 14 x 12 mm right upper lobe non-calcified pulmonary nodule along the; right mediastinum.; 2. 6 mm sub- pleural nodule left 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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Density noted on chest xray 7/9/2020, need CT for further evaluation; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	enlargement of the mass since the previous exam.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	9 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. It is not known if there is radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non- resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2018; There has been treatment or conservative therapy.; acid reflex, shortness of breath.; oxygen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	f/u lung nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Follow scan of lung nodule 8 month follow; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Follow-up for 7mm solid noncalcified left 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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Follow-up for pulmonary nodule seen on previous CT.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	FOLLOWUP FOR RIGHT UPPER LOBE NODULE 15.9MM SPICULATED SOFT TISSUE DENSITY. THERE ARE PANLOBULAR EMPHYSEMATOUS CHANGES THROUGH OUT THE LUNGS. THERE ARE CALCIFIED RIGHT LILAR NODES. THIS WAS A LDCT CHEST DONE 02/17/2020; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	For follow up for lung nodules up to 5mm in size. 6-12 month follow up should be 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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	FORMER SMOKER NEEDING CT F/U FOR MEDIASTINAL LYMPHADENOPATHY, PATCHY GROUND GLASS OPACITIES, RETICULATIONS, INTERLOBULAR SEPTAL THICKENING, AND 2 CM RLL NODULE.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Increased shortness of breath on incline or walking up stairs, wheezing, decrease breath sounds bilateral mid lung fields. Patient has been started on oxygen.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	INTERSTITIAL PULMONARY FIBROSIS; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	last Chest CT was abnormal; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Left Pleural Effusion; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	LEFT UPPER LOBE LUNG NODULE ,8.5mm in diameter. He is back for surveillance imaging. has upper airway cough syndrome and started treatment. Cough improved significantly,breathing better.Still smoking 6 cigarettes/day. Possible related to previous histop; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Lung abscess with air-filled level posteriorly in the left lung base measuring 8 CM in size with adjacent lung consolidation. Possible small loculated left pleural effusion; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Lung nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	mediastinal adenopathy; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	multiple nodules found on ct abd pel 9mm nodule found from march 16 2020. needing a dedicated ct to evaluate these found multiple nodules.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; It is unknown if they had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Multiple nodules noted on CT Chest 2/2020; ;"Diffuse emphysematous changes. Anterior;right lower lung nodule probably not changed from the August 2018;exam. New cluster of tiny nodules and bronchiectatic changes in the;anterolateral right midlung with; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient is a smoker he had a chest xray that showed lung volume loss with atelectasis/ collapse; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Past medical history: Chronic lung disease felt to be previously due to asthma and now felt to be due to COPD, syncope, tobacco use. History of MI. History of motor vehicle accident a few years back.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has a left upper 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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has a lung nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient has a new linear consolidation and reticulondular opacities within the right middle and upper lobe, this is the 3 month follow up for that. she has SOB and severe COPD along with these pulm 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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	patient is having increasing shortness of breath and extensive smoking history; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pt found to have 5mm nodule in LUL that is pleural-based. Pt also has history of smoking and changes consistent with emphysema on CT. Pt has a moderate risk of malignancy. The CT being requested is a 6-month follow up from February of 2020.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	PT HAS 47 PK YR SMOKING HX WITH CHRONIC RESPIRATORY FAILURE WITH HYPOXIA AND COPD/EMPHYSEMA. NEEDING EVALUATION OF LUNGS.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pt has hx of LUL perihilar cavitary lesion on previous CT as well as mild obstruction as shown through pulmonary function testing. Workup, including bronchoscopy, has been unremarkable. Pt has negative serology for infectious etiology. Pt continues to smo; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pt has Mediastinal Lymphadenopathy, Has Shortness of breath & cough; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pt has previous history of lung cancer. Pt presented to clinic with significant cough and some SOB. CXR showed a consolidation in the RUL which could either be care or recurrence of lung cancer. Further imaging is needed to determine best course of action; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pt is a 57 y/o female smoker with hypertension, neuropathy, depression and prediabetes who has recently been found to have a LUL incidentally on a CT Cervical spine (6/11/2020). This chest CT is requested for further workup of suspicious 4mm spiculated no; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	PT IS CURRENT SMOKER WITH COPD AND HX OF TB NEEDING EVALUATION OF LUNGS FOR DYSPNEA AND COUGH. PFT 5/2020 SHOWED MODERATE REDUCTION IN FEV1 AND EVC, AND MODERATE RESTRICTION. HAS OCCUPATIONAL EXPOSURE TO CHEMICALS AS SHE WORKED FOR THE WATER DEPARTMENT.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	PT NEEDING EVALUATION OF LUNGS FOR 10 X 6 MM LEFT APICAL LUNG NODULE AND 2.7 X 1.9 CM GGO IN THE LUL. 6 MONTH F/U WAS RECOMMENDED BY RADIOLOGIST 3/2020.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pt presented in our office for wheezing, A chest x-ray was performed which they report had mild honeycombing and possible cavitary granulomas with enhanced bronchial markings; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	PT REPORTS PERSISTENT DYSPNEA, BRONCHITIS, AND ACUTE RECURRENT SINUSITIS WITH 4 ROUNDS OF ABX IN THE PAST YEAR AND CLARITIN FOR OVER A MONTH WITH NO IMPROVEMENT. PT NEEDING EVALUATION OF LUNGS.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This request is for evaluation and or treatment for a member demonstrating symptoms of Covid- 19 (Coronavirus).; The member has NOT been tested for Covid-19.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	PT WITH COPD AND SIGNIFICANT FAMILY HX OF CANCER NEEDING REEVALUATION OF LUNGS FOLLOWING 4/2020 CT SHOWING 1 CM LUNG NODULE ALONG THE MINOR FISSURE.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	PT WITH COPD/ EMPHYSEMA AND HX OF SMOKING HAS PERSISTENT PRODUCTIVE COUGH DESPITE ABX AND STEROIDS AND NEEDS EVALUATION OF LUNGS.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	PT WITH HX COPD NEEDING F/U OF MULTIPLE LUNG NODULES WITH LARGEST MEASURING 18MM IN RLL. BX 1/3/20 SHOWED ATYPICAL CELLS.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	PT WITH SARCOIDOSIS OF LUNG AND COPD NEEDING EVALUATION OF LUNGS.; It is not known if the patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	PT WITH SMOKING HX NEEDING REEVALUATION OF LUNGS AFTER 2/2020 CT NOTED 6 MM SOLID NODULE RATED A LUNGRADS CATEGORY 3. OTHER ADDITIONAL NODULES WERE NOTED AS WELL. RADIOLOGIST RECOMMENDED 6 MONTH F/U.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Pulmonary nodule follow-up.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	pulmonary nodule, shortness of breath to the point of blacking out, fatigue, heart condition, on a C-PAP; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	pulmonary nodules, hx of TB, shortness of breath; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	pulmonary nodules; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	restrictive lung disease, 4mm lung nodule.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Right upper lobe lung nodule on CT chest done in March--REPEAT; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	See clinical notes.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	SEPTEMBER 3 2020 chest x ray History of vaping trouble breathing; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Solitary pulmonary nodule follow-up.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	The patient has had a chest x-ray recently.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non- resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	11 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	this is a followup CT the nodule had increased in size since the previous exam; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	this is a yearly follow up for this patients pulm nodules, the scan last year 08/02/2019 showed emphsematous changes in the lungs and scattered nodules, lung rads 2, largest measuring 5.2 mm.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This is the case of 51 y.o. adult with PMH of Pneumonia, ARDS, required prolonged ICU stay back in March, course complicated by Critical Care Myopathy, discharged to Nursing home, readmitted with Pancolitis and Toxic Megacolon from C.diff, required Colost; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	Transthoracic echocardiogram ordered to rule out congestive heart failure; Needs a follow-up CT chest without contrast for lung nodule evaluation; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	UIP pattern. She had VATS biopsy in 2016 that showed UIP pattern pathology.; Plan : Autoimmune work-up for connective tissue disease has been negative. This appears to be idiopathic pulmonary fibrosis.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	unknown; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71250 Computed tomography, thorax; without contrast material	X-ray had lesion on right upper robe, follow up; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	11 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	75557 Cardiac magnetic resonance	This is a request for a heart or cardiac MRI	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	77078 Computed tomography, bone mineral density study, 1 or more sites, axial skeleton	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Shortness of breath; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for None of the above	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is a physical restriction to the member's ability to exercise	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for None of the above or don't know; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2018; There has been treatment or conservative therapy.; acid reflex, shortness of breath.; oxygen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is 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) indicative of heart disease.; The patient has shortness of breath; Known or suspected valve disease.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	11 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-	Transthoracic echocardiogram ordered to rule out congestive heart failure; Needs a follow-up CT chest without contrast for lung nodule evaluation; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	21 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	12 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	PT HAS HAD CHRONIC PROBLEMS WITH HER SINUSES, BUT NOT HAD A CT. PT ALSO HAS COPD AND RECENT PFT SHOWED DECREASED LUNG VOLUMES AND DIFFUSION ABNORMALITIES.; This study is being ordered for Inflammatory/ Infectious Disease.; PT HAS HAD CHRONIC PROBLEMS WITH HER SINUSES, BUT NOT HAD A CT. PT ALSO HAS COPD AND RECENT PFT SHOWED DECREASED LUNG VOLUMES AND DIFFUSION ABNORMALITIES.; It is not known if there has been any treatment or conservative therapy.; SIGNIFICANT SINUS CONGESTION AND POST NASAL DRIP, DYSPNEIC, ONLY ABLE TO WALK 100-150 FT BEFORE HAVING TO STOP. PFT SHOWED DECREASED LUNG VOLUMES AND DIFFUSION ABNORMALITIES.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 05/01/2020; There has been treatment or conservative therapy.; Inspiratory wheezing, pain in neck, localized swelling, hoarseness of voice; Multiple rounds of antibiotics and steroids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 30 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient.;" A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	3 mo follow up to evaluate changes from abn ct on 06/18/2020 ct chest showed 2 nodules. largest measuring 1.6cm. needing to evaluate for treatment.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Clinicals faxed.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	DX ;(REQUIRED);;Low dose diagnostic CT chest today is reviewed and compared to his previous scan on;6/15/2018. Significant parenchymal emphysematous changes noted. Right apical nodularity which is;somewhat linear is unchanged and measures about 7.6 ; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. There is not a known inflammatory disease.; There is not a known tumor.; There is no known vascular disease.; A Chest/Thorax CT is being ordered.; The patient is NOT having an operation on the chest or lungs.; The study is being ordered for none of the above.; This study is being ordered for a pre- operative evaluation.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	follow up ct chest; IMPRESSION: 1. Interval decrease in size of the two left upper lobe nodules. 2. Stable 7 mm right lower lobe nodule. 3. Stable borderline in size precarinal and right hilar nodes. 4. Evidence of old granulomatous disease. 8/29/2018;;; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	follow up ct chest;Already completed:PET/CT:5/17/2019,CT Chest W:1/28/2020,CT Chest W/O:8/7/2019,11/20/19;TO MONITOR HILARY LYMPHADENOPATHY AND LOWER LYMPH NODE WITH CONFIRMED DIAGNOSIS OF HISTOPLASMOSIS WITH PREVIOUS TREATMENT TO MONITOR FOR ANY CHANGE; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	follow up pulmonary nodule from scan in March 2020 he also has a cough and shortness of breath he also has a history of smoking and has a family history of lung cancer; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	follow up; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	for poorly controlled asthma and possible ABPA. .; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	PFT showed restrictive disease. Patient with worsening shortness of breath. Concern for ILD/IPF; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	PRIOR CT FROM OUTSIDE FACILITY NOTED MULTIPLE LUNG NODULES NEEDING FOLLOW-UP CT IN PT WITH COPD/EMPHYSEMA.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pt found to have pulmonary nodules on 2/2020 LDCT screening CT. This CT is for surveillance and monitoring of these nodules. It has been 6 months since the last scan.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	<p>PT HAS HAD CHRONIC PROBLEMS WITH HER SINUSES, BUT NOT HAD A CT. PT ALSO HAS COPD AND RECENT PFT SHOWED DECREASED LUNG VOLUMES AND DIFFUSION ABNORMALITIES.; This study is being ordered for Inflammatory/ Infectious Disease.; PT HAS HAD CHRONIC PROBLEMS WITH HER SINUSES, BUT NOT HAD A CT. PT ALSO HAS COPD AND RECENT PFT SHOWED DECREASED LUNG VOLUMES AND DIFFUSION ABNORMALITIES.; It is not known if there has been any treatment or conservative therapy.; SIGNIFICANT SINUS CONGESTION AND POST NASAL DRIP, DYSPNEIC, ONLY ABLE TO WALK 100-150 FT BEFORE HAVING TO STOP. PFT SHOWED DECREASED LUNG VOLUMES AND DIFFUSION ABNORMALITIES.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jul-Sep 2020
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7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pt is a profound hx of SOB with minimal exertion. She has dx of vasculitis which she has been treated with Cellcept and chronic steroids for years. She also has a family hx of ILD.; It is not known if there is radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pulmonary Disease; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	referred for evaluation of abnormal CT. He initially her chest x-ray for "bronchitis". Chest x-ray showed fibrotic changes for which he got CT chest done. CT chest findings are mentioned in assessment and plan. Patient has been complaining of shortness; The patient is NOT presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	tenting of right hemidiaphragm suggestive of atelectasis; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	unknown; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; It is unknown if the patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 05/01/2020; There has been treatment or conservative therapy.; Inspiratory wheezing, pain in neck, localized swelling, hoarseness of voice; Multiple rounds of antibiotics and steroids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	UNKNOWN. See clinicals; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	will upload; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	72125 Computed tomography, cervical spine;	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatoma sensory changes on physical examination	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	74150 Computed tomography, abdomen;	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when	Radiology Services Denied Not Medically Necessary	infraction and cause of shortness of breath; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/24/2020; There has been treatment or conservative therapy.; chest pain and shortness of breath; inhaler and other testing and labs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Other solid tumor(s); This Pet Scan is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	infraction and cause of shortness of breath; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/24/2020; There has been treatment or conservative therapy.; chest pain and shortness of breath; inhaler and other testing and labs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	93312 Echocardiograph y, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe	Radiology Services Denied Not Medically Necessary	; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac device or completed NON diagnostic TTE.; The patient is 18 years of age or older.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Pulmonary Medicine	Disapproval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	70450 Computed tomography, head or brain; without contrast		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	acute memory loss, small cell 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 is experiencing dizziness.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	RADIATION ONCOLOGIST WANTS THINNER SLICES FOR SRS 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested 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	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	13	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	9	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	Follow up on nodule seen on CT Abdomen Pelvis in July 2019.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	Patient needs follow up 5 mm pulmonary nodule in left lower lobe.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	71250 Computed tomography, thorax; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	The ordering MDs specialty is Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	The ordering MDs specialty is Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and	This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The ordering MDs specialty is Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; 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	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI.; It is unknown if the patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	74150 Computed tomography, abdomen; without contrast material	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Head/Neck Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; 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 Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Other solid tumor(s); This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiation Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiology	Approval	70450 Computed tomography, head or brain; without contrast material	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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiology	Approval	70498 Computed tomographic angiography, neck, with contrast	Yes, this is a request for CT Angiography of the Neck.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Radiology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiology	Approval	74150 Computed tomography, abdomen; without contrast material	bosniac 2 or 2 f cyst in kidney done December f/u to confirm stability; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; No, there is not an abdominal and pelvic or retroperitoneal mass that has been confirmed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Radiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiology	Approval	74175 Computed tomographic angiography, abdomen, with contrast	Yes, this is a request for CT Angiography of the abdomen.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; 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."; Follow-up of hepatocellular carcinoma post Y-90 therapy /3 month	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Radiology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization		This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of an Abscess of the upper abdominal area.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiology	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Radiology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; 3 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Ovarian or Esophageal Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Radiology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Reproductive Endocrinology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint;		The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has NOT been diagnosed with cancer.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material	slightly enlarged heart size difficult to assess aortic knob due to widened mediastinum on chest xray film; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for osteomyelitis.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	This is a request for a Pelvis MRI.; Yes, this is a preoperative study.; Surgery is planned for within 30 days.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular		This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Disapproval	70496 Computed tomographic angiography, head, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatoma sensory changes on physical examination	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	n/a; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	Radiology Services Denied Not Medically Necessary	uploaded clinical; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for arthritis.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has surgery planned.; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is NOT being ordered for chronic pain, acute pain, rule out tarsal coalition, known or suspected septic arthritis or osteomyelitis, tendonitis, neuroma or plantar fasciitis.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	uploading clinical; This study is being ordered for Inflammatory/ Infectious Disease.; uploading clinical; There has been treatment or conservative therapy.; uploading clinical; uploading clinical; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are physical findings or abnormal blood work consistent with peritonitis.; A white blood cell count was completed.; The white blood cell count was low.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Rheumatology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Sports Medicine	Approval	72125 Computed tomography, cervical spine; without contrast material	Unknown; This study is being ordered for trauma or injury.; 07/03/2020; There has been treatment or conservative therapy.; Pain, numbness , tingling, unable to walk at times, Pain 10/10, nausea, vomiting; Immobilization, medication, PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Sports Medicine	Approval	72128 Computed tomography, thoracic spine; without contrast material	Unknown; This study is being ordered for trauma or injury.; 07/03/2020; There has been treatment or conservative therapy.; Pain, numbness , tingling, unable to walk at times, Pain 10/10, nausea, vomiting; Immobilization, medication, PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Sports Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material	Unknown; This study is being ordered for trauma or injury.; 07/03/2020; There has been treatment or conservative therapy.; Pain, numbness , tingling, unable to walk at times, Pain 10/10, nausea, vomiting; Immobilization, medication, PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Sports Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Sports Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	This is a request for a Pelvis MRI.; Surgery is planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Sports Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Sports Medicine	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is a study for a fracture which does not show healing (non-union fracture).; Non Joint is being requested.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Sports Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Sports Medicine	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Sports Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 2015; There has been treatment or conservative therapy.; chronic low back painradiating pain into his extremities; PT HEPpain medsmessagesactivity modifications; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Sports Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Sports Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Sports Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 2015; There has been treatment or conservative therapy.; chronic low back painradiating pain into his extremities; PT HEPpain medsmessagesactivity modifications; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Sports Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 2015; There has been treatment or conservative therapy.; chronic low back painradiating pain into his extremities; PT HEPpain medsmessagesactivity modifications; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Sports Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Sports Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Sports Medicine	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	70486 Computed tomography, maxillofacial area; without contrast material		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast		This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast		This is a request for neck soft tissue CT.; There has been recent trauma or other injury to the neck.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face,		"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face,		There is a suspicion of an infection or abscess.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including		This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	06/03/2020; There has been treatment or conservative therapy.; diarrhea, screening colonoscopy showing 3 large polyps, multiple adenomas throughout, Fhx of colon cancer; alpha blockers and 5-alpha reductase inhibitors for prostate issues, flomax for urinary retention, cholestyramine for diarrhea; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	08/18/2020 - initial biopsy of right breast; There has not been any treatment or conservative therapy.; none - known breast cancer with axillary nodal metastasis; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	on physical exam patient has mass right axilla; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	recurrent breast cancer; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	71250 Computed tomography, thorax; without contrast material	rib fractures right scapula fracture grade 2 liver laceration pulmonary contusions detected hemothorax required chest tube placement for 24hrs; There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a post- operative evaluation.; There is no physical evidence of re-bleed or re-stenosis.; There is no physical evidence of an infection or other complication.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including	Enter answer here - or Type In Unknown If No Info Given. This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	72128 Computed tomography, thoracic spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	; There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT ; The surgery being considered is NOT a hip replacement surgery.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	ano fistula; There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT ; The surgery being considered is NOT a hip replacement surgery.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	Pre-OP Surgery due to pelvic pain w/bulge.; There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT ; The surgery being considered is NOT a hip replacement surgery.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected vascular disease.; The ordering physician is a surgeon or PCP who is ordering on behalf of a surgeon who has seen the patient.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI.; Yes, this is a preoperative study.; It is not known if surgery is planned for within 30 days.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, 72196 Magnetic resonance (eg, proton) imaging, pelvis; with	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	73700 Computed tomography, lower extremity; without contrast	This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been performed.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a foot MRI.; 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.; Surgery or other intervention is not planned for in the next 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for None of the above; Instability; Surgery is NOT being planned.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Limited range of motion; Arthroscopic surgery	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is a study for a fracture which does not show healing (non-union fracture).; Non Joint is being requested.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with	This is a request for CT Angiography of the Abdomen and Pelvis.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74175 Computed tomographic angiography, abdomen, with contrast	Yes, this is a request for CT Angiography of the abdomen.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	06/03/2020; There has been treatment or conservative therapy.; diarrhea, screening colonoscopy showing 3 large polyps, multiple adenomas throughout, Fhx of colon cancer; alpha blockers and 5-alpha reductase inhibitors for prostate issues, flomax for urinary retention, cholestyramine for diarrhea; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	08/18/2020 - initial biopsy of right breast; There has not been any treatment or conservative therapy.; none - known breast cancer with axillary nodal metastasis; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	13 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	3 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if 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; to rule out a mass; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); WILL FAX CLIN; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); evaluate inspectional hernia; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); unknown; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are clinical findings or indications of unexplained abdominal pain in patient over 75 years of age.; Other; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Diverticulitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Enter Additional Clinical Information>FAX CLINICALS; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; SEE CLINICALS; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; unknown; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	5 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a pelvic mass.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist."; Enter answer here - or Type In Unknown If No Info Given. >	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are physical findings or abnormal blood work consistent with pancreatitis.; An abnormal amalyse or lipase was NOT noted.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen;	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; It is not known if surgery is planned for within 30 days.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; f/u pancreatic cyst. continued weight loss. will upload clinicals.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	patient has abdominal cramping/pain, epigastric pain, and colitis. Her last colonoscopy was in 2013. Patient continues to have symptoms.; This CT Colonoscopy is being ordered for diagnostic purposes; The member has not had any colon screening studies completed prior to this request	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Reason for Appointment ;1. Blood in stool, needing colonoscopy ; ; ;History of Present Illness ;Isolation Precautions: ; Ms. Kennedy is a 72 year old female who presents today at the request of Dr. Bruce Burton for evaluation of blood in stool; This CT Colonoscopy is being ordered for diagnostic purposes; The member has not had any colon screening studies completed prior to this request	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	; This study is being ordered for Vascular Disease.; Diagnosed with PVD 7/29/20, onset of symptoms has been months ago.; There has been treatment or conservative therapy.; Change in skin color, difficulty walking, muscle pain, leg/ankle pain, edema, and skin ulcerations.; No treatment specific to the PVD diagnosis yet, as this is such a new diagnosis. The patient has been on blood thinners, however, for her heart and has been followed at the Wound Center for wound care to the open ulcers.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 3/2020; There has been treatment or conservative therapy.; non healing ulcers, decreased ABI, history of bypass; blood thinners; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	At high risk for breast cancer (finding);Family history of malignant neoplasm of breast (situation);Genetic susceptibility to breast cancer;Endometriosis;CHEK2 positive; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Based on models, she has a greater than 20% lifetime risk of breast cancer. Given this I would recommend alternating MRI and mammograms.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	for pre surgery; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	10 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; Yes, there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material;	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	77046 Magnetic resonance imaging, breast, without contrast material;	Unknown; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for None of the above; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was NOT performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Ovarian or Esophageal Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It is unknown if it has been at least 24 months since the last echocardiogram was performed.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY	This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient requires evaluation for a congenital defect of the pancreatic or biliary tract.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN CREATOGRAPHY	This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has undergone unsuccessful ERCP and requires further evaluation.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; 6 MONTHS AGO; There has not been any treatment or conservative therapy.; NECK MASS, HOARSENESS, MILD DISCOMFORT TO HEAD/NECK REGION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	08/06/2020; There has not been any treatment or conservative therapy.; Patient has a large left breast mass and enlarge axillary lymph nodes.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Pt is having hard time swallowing, wanting to check chest cavity.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary),	Radiology Services Denied Not Medically Necessary	.mural thrombus; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for Vascular Disease.; 3/2020; There has been treatment or conservative therapy.; non healing ulcers, decreased ABI, history of bypass; blood thinners; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; It is not known if there is a known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT ; The surgery being considered is NOT a hip replacement surgery.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has not been any treatment or conservative therapy.; Abdominal pain, burning, stinging, and chronic diarrhea.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	73206 Computed tomographic angiography, upper extremity, with contrast	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the upper extremity.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a 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 not presenting with unresolved or new symptoms	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; Diagnosed with PVD 7/29/20, onset of symptoms has been months ago.; There has been treatment or conservative therapy.; Change in skin color, difficulty walking, muscle pain, leg/ankle pain, edema, and skin ulcerations.; No treatment specific to the PVD diagnosis yet, as this is such a new diagnosis. The patient has been on blood thinners, however, for her heart and has been followed at the Wound Center for wound care to the open ulcers.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with	Radiology Services Denied Not Medically Necessary	.mural thrombus; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	08/06/2020; There has not been any treatment or conservative therapy.; Patient has a large left breast mass and enlarge axillary lymph nodes.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	4 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for 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.; Abdominal pain, burning, stinging, and chronic diarrhea.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an undescended testicle in a male.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgery	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT)	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was NOT performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		The patient has a left-sided thyroid carcinoma and concerning adenopathy in her left lateral neck. I would like to send her for a CT neck with contrast to better visualize her adenopathy and rule out any invasive component. Regardless she will need a to; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face,		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metatstasis	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; None of the above best describe the patient's tumor.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Approval	71250 Computed tomography, thorax; without contrast material	The patient has a left-sided thyroid carcinoma and concerning adenopathy in her left lateral neck. I would like to send her for a CT neck with contrast to better visualize her adenopathy and rule out any invasive component. Regardless she will need a to; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	. lower 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen;	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	4 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Approval	77046 Magnetic resonance imaging, breast, without contrast material;	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.;	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was NOT performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Head/Neck Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; 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 Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Melanoma.; This is NOT a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	11	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	disease eval of therapy; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	chest pain and tightness; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	disease eval of therapy; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	disease eval of therapy; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	disease eval of therapy; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	pelvic floor weakness; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is NOT being ordered for evaluation of Morton's Neuroma.; A biopsy has been completed.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient had chemotherapy, radiation therapy or surgery in the last 3 months.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, 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 staging.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was NOT performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Surgical Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Melanoma.; This is NOT a Medicare member.; This is NOT a Medicare member.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s),		There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s),		There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s),		There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s),		There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast		Yes, this is a request for CT Angiography of the Neck.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)		The patient had a stroke in the last month.; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has been a recent (less than 2 week) neck or carotid artery ultrasound.; The ultrasound showed stenosis or narrowing of the artery.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	70547 Magnetic resonance angiography, neck; without contrast material(s)	The patient had a stroke in the last month.; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has been a recent (less than 2 week) neck or carotid artery ultrasound.; The ultrasound showed stenosis or narrowing of the artery.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	; It is not known if there has been any treatment or conservative therapy.; ; The ordering MDs specialty is Thoracic Surgery; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	AAA repair follow up; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	follow up for AAA; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	follow up of 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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient has stable fusiform aneurysmal dilation of ascending thoracic aorta measuring up to 4.9cm. Follow up scan for evaluation of 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 or Suspected Congenital Abnormality.; The abnormality is of a cardiac nature.; There is no known or suspected coarctation of the aorta.; There is no other type of arch anomaly.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and	This study is not requested to evaluate suspected pulmonary embolus.; It is not known if this study will be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is scheduled/planned.; A catheter angiogram has not been performed within the last month.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	73206 Computed tomographic angiography, upper extremity, with contrast material(s),	There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast	There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Thoracic Surgery	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with	This is a request for CT Angiography of the Abdomen and Pelvis.	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; It is not known if there has been any treatment or conservative therapy.; ; The ordering MDs specialty is Thoracic Surgery; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This is being requested for None of the above; This study is being ordered for Other not listed	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Enter Additional Clinical Information Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Yes, this is a request for CT Angiography of the abdominal arteries.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Other solid tumor(s); This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed.	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPAN		Unknown; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and 71555 Magnetic resonance angiography, chest (excluding	Radiology Services Denied Not Medically Necessary	Pt has a know AAA. This is a 6 month surveillance; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Disapproval	71555 Magnetic resonance angiography, chest (excluding	Radiology Services Denied Not Medically Necessary	Annual F/U for monitoring ascending aortic aneurysm.; This is a request for an MR Angiogram of the chest or thorax	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is vascular disease.; There is not a known or suspicion of an abdominal aortic aneurysm.; There is not an abnormal abdominal/pelvic ultrasound.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Disapproval	75571 Computed tomography, heart, without contrast material, with quantitative	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. >;this is a pre operative test; This is a request for a CT scan for evaluation of coronary calcification.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Thoracic Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		none; This study is being ordered for trauma or injury.; 07/25/2020; There has been treatment or conservative therapy.; dizziness, nausea, h/d , confusion and memory loss, vision loss; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Evaluation of known or suspected brain bleeding (hemorrhage, hematoma, subdural) best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast	This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital abnormality.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack) with onset of symptoms less than 48 hours ago.; This is a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is a history of serious head or skull, trauma or injury.ostct"	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	none; This study is being ordered for trauma or injury.; 07/25/2020; There has been treatment or conservative therapy.; dizziness, nausea, h/d , confusion and memory loss, vision loss; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT ; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); Yes this is a request for a Diagnostic CT ; This is a Medicare member.; It has been 28 or more days since onset AND the patient failed a course of treatment	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	FOLLICULAR LYMPHOMA--PT HAD 6COURSES OF BENDAMUSTINE/RITUXAN. PT DUE FOR 3MONTH FOLLOW UP SCANS.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Recurrent Hodgkin's lymphoma of lymph node. Follow-up scans on patient not 6 months off therapy; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	Restage metastatic adenocarcinoma of unknown origin with brain mets.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	STAGE II MALT LYMPHOMA OF THE TYROID S/P THYROIDECTOMY. PT DUE FOR HER 6MONTH FOLLOW UP SCANS.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70496 Computed tomographic angiography, head, with contrast	Yes, this is a request for CT Angiography of the brain.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face,	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	In summary, Bailey Beason is a 22 y.o. year old female with with history of smoking, anxiety, depression who presents with new daily persistent headache since the end of July. Her headache is moderate to severe in intensity, right-sided, throbbing associ; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70547 Magnetic resonance angiography, neck; without contrast	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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for a neurological disorder.; 08032020; There has been treatment or conservative therapy.; Headache with sudden onset facial numbness and dizziness; Treated with gabapentin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for a neurological disorder.; January 2020; There has been treatment or conservative therapy.; Numbness, Back pain, abnormal gait; Gabapentin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	8/2019; There has been treatment or conservative therapy.; slurred speech with weakness tongue with left deviation. 4/5 all extremities with increased reflexes 3 all. Gait N/T. Using wheelchair now. Will get f/u MRI HNC to reeval. Suspect developing a syrinx.; Patient under went surgery 9/2019; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; This study is being ordered for Pre Operative or Post Operative Evaluation	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	2018; There has been treatment or conservative therapy.; Severe headaches syncope and myelopathy; Surgery 6/1/20; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Discussed current plan and risk benefits at length and patient understands and agrees to current plan;History of Present Illness;PM&R Spine;HPI;For severity, patient reports average pain level over the last week 10+/10. For location, she reports neck ; This study is being ordered for a neurological disorder.; 7/2019; There has been treatment or conservative therapy.; Severe pain 10+/10 that is sharp, shooting & with numbness, weight loss, & cranioplaasty & hardware can be felt under the skin with tenderness; Patient had surgery 7/18/2019 for Decompression for Chiari 1; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Meningioma (HCC);Assessment & Plan::Known issue for 20 years;She was supposed to have yearly MRI's but has not had it evaluated in 6 years;MRI;Refer to neurology; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Pt had sudden onset dizziness. Medications and physical therapy have not helped the symptoms that have been present for a month; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	<p>r duration, patient reports 4 months. For severity, she reports average pain level over the last week 6/10. For quality, she reports aching and sharp.;22 year old s/p SOD 7/19. Doing better. Less N/V. Wound C/D/I, depressed. Some tenderness stiffness par; This study is being ordered for a neurological disorder.; 2019; There has been treatment or conservative therapy.; history of Valsalva headaches and extremity numbness, incoordination, imbalance tinnitus, swallowing issues, speech issues, neck pain, syncope/ presyncope, orthostatic issues, back pain.; Diagnosed with CHiri I and had SOD with minimal dural scoring. Post op some improvement but has alot of persistent issues. Recently treted for IIH. Diamox has helped some; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	<p>The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; This study is being ordered for Trauma / Injury</p>	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a new problem. The current episode started more than 2 days ago. The problem occurs daily. The problem has not changed since onset. She lost consciousness for a period of less than one minute. The problem is associated with normal activity. Associa; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	12 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	3 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; New onset within the past month describes the headache's character.	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; The patient has suspected Multiple Sclerosis.; Other causes have NOT been ruled out.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are NO documented neurologic findings suggesting a primary brain tumor.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; 'None of the above' describes the congenital anomaly of the skull.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	8 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	1. Several bilateral noncalcified pulmonary nodules measuring up to;6.9 mm. Given smoking history recommend follow-up in 3-6 months.;2. Subtle interstitial thickening and ground glass opacities of lungs;which could represent respiratory bronchiolitis, ; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	02/13/2019; There has been treatment or conservative therapy.; rising tumor markers, stage IV breast cancer metastatic disease to lymph node, lung; surgery;chemotherapy;hormone therapy;radiotherapy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	06/16/20; There has not been any treatment or conservative therapy.; LARGE BILATERAL LYMPHADENOPATHY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	07/11/2019; There has been treatment or conservative therapy.; DYSPNEA; CHEMO TREATMENT(TAXOL/CARBO, IMFINZI, AND CURRENTLY GEMZAR; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	08/20/20; There has not been any treatment or conservative therapy.; SHE SAYS SHE FIRST NOTICED HER BREAST BEING DIFFERENT SIZES.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	<p>12/20/2019; There has been treatment or conservative therapy.; CT Chest 4/29/2020;1. Bilateral mastectomies, with residual areas of chest wall scarring, but no findings concerning for local tumor recurrence or metastasis. ;2. Stable mild chronic interstitial lung disease and coronary artery calcifications.; SURGERY.;Left Breast mass core biopsy 6/20/19;Bilateral mastectomies: 12/20/19;right evacuation irrigation, drainage and closure for hematoma of right mastectomy site on 1/10/2020.;;CHEMOTHERAPY;AC, dose dense: Start date: 8/8/19;Perjeta and her; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	<p>50-year-old male status post CABG 5/26/2020. Satisfactory postoperative course. The usual complaints of numbness over the left internal mammary artery harvest site and mild edema of the saphenous vein harvest extremity. Ambulating outside for 10 minute; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	50-year-old male status post CABG returns today for evaluation for return to work he has been in cardiac rehab for about 3 weeks and has been exercising his arms more in cardiac rehab than he was previously. He is complaining of some musculoskeletal pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	11	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Clinicals faxed.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Comparing his CT chest done in 2016 to a repeat CT chest in 12/2019. There are bilateral predominantly lower lobes/basilar increased reticular opacities with cystic changes/honeycombing and traction bronchiectatic changes concerning for UIP pattern. Bot; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	CT follow up lung nodule. Last CT 04/11/2019; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	dizziness, persistent nausea. MRI brain showed no evidence of mets. elevated Creatin.; There has been treatment or conservative therapy.; See clinicals; Chemotherapy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In UnkThis is a new problem. The current episode started 1 to 4 weeks ago. The problem occurs daily. The pain is present in the substernal region. The pain is at a severity of 2/10. The pain is mild. The quality of the pain is ; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Enter date of initial onset here - o;r Type In Unknown If No Info Given;02/01/2019; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	EVALUATE DISEASE AND RESPONSE TO THERAPY; There has been treatment or conservative therapy.; metastatic adenocarcinoma.; Pericardiocentesis: 3/23/2020;;Chemotherapy;Keytruda/Alimta /Carboplatin; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	FOLLICULAR LYMPHOMA--PT HAD 6COURSES OF BENDAMUSTINE/RITUXAN. PT DUE FOR 3MONTH FOLLOW UP SCANS.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	KNOWN SOLITARY PULMONARY NODULE; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	LUNG MASS; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Patient had previous abnormal chest x-ray and Chest CT in August 2019 showing suspicious nodule in right upper lobe. Radiologist recommended follow up chest CT for further assessment.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020 7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	<p>Patient has been treated for bronchitis with 2 rounds of antibiotics and 1 steroid shot over the past month without much improvement. CXR today showed mild diffuse interstitial disease with a reticulonodular pattern which appears to have slightly progres; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020 Jul-Sep 2020
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7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	<p>Previous CT showed: ;2. Enlarged right pericardial lymph node. Consider further evaluation;with nonemergent chest CT to exclude additional lymphadenopathy. No;extensive lymphadenopathy identified in the abdomen and pelvis.;-Will order CT chest to foll; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	<p>PT CURRENTLY TAKING FOLFOX. DR WANTING CT SCANS TO ASSESS RESPONSE TO TX.; There has been treatment or conservative therapy.; WEAKNESS; FOLFOX; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Recurrent Hodgkin's lymphoma of lymph node. Follow-up scans on patient not 6 months off therapy; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	Restage metastatic adenocarcinoma of unknown origin with brain mets.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	see chart notes; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	STAGE II MALT LYMPHOMA OF THE TYROID S/P THYROIDECTOMY. PT DUE FOR HER 6MONTH FOLLOW UP SCANS.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	There is a strong suggestion of interstitial lung disease. Cannot rule out pulmonary vascular or cardiovascular disease. Cannot rule out neuromuscular disease. Would recommend chest imaging.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	3	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and	; This study is being ordered for Vascular Disease.; 11/11/2019; There has not been any treatment or conservative therapy.; sob; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Mild ascending thoracic aorta aneurysm : 4.1 cm on CTA of 9/11/18. Will need followup with CTA; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are no signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71275 Computed tomographic angiography, chest (noncoronary),	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopath	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	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	58 year old male presents with long standing neck and back issues including neck pain with position radiating to shoulders and arms with loss of fine motor control. Had C5/C6 surgery but was seeing Dr. PEEK prior to his medical leave and surgery x2 he sta; This study is being ordered for a neurological disorder.; 9/2016; There has been treatment or conservative therapy.; weakness, falls, visual changes, decreased range of motiarms, loss of fine motor control, radiating symptoms into arms; Pain management, diclofenac, acetaminophen, steroid injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	Discussed current plan and risk benefits at length and patient understands and agrees to current plan;History of Present Illness;PM&R Spine;HPI;For severity, patient reports average pain level over the last week 10+/10. For location, she reports neck ; This study is being ordered for a neurological disorder.; 7/2019; There has been treatment or conservative therapy.; Severe pain 10+/10 that is sharp, shooting & with numbness, weight loss, & cranioplaasty & hardware can be felt under the skin with tenderness; Patient had surgery 7/18/2019 for Decompression for Chiari 1; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	make sure there is stable alignment we will recheck a CT as the fracture level is hard to see.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	surgery in the form of anterior cervical disc fusion of C5-6 and C6-7.The MRI of cervical spine reveals left-sided foraminal stenosis at C5-6 and a diffuse disc bulge at C6-7.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	T1-2 disc herniation and cord compression with signs and symptoms of myelopathy. this appear slightly worse in the new MRI examination as compared to the previous 1.worsening of her right hand function,worsening of her symptoms in terms of balance and she; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72125 Computed tomography, cervical spine;	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72128 Computed tomography, thoracic spine; without contrast material	; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72128 Computed tomography, thoracic spine; without contrast material	58 year old male presents with long standing neck and back issues including neck pain with position radiating to shoulders and arms with loss of fine motor control. Had C5/C6 surgery but was seeing Dr. PEEK prior to his medical leave and surgery x2 he sta; This study is being ordered for a neurological disorder.; 9/2016; There has been treatment or conservative therapy.; weakness, falls, visual changes, decreased range of motiarms, loss of fine motor control, radiating symptoms into arms; Pain management, diclofenac, acetaminophen, steroid injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72128 Computed tomography, thoracic spine; without contrast material	the lumbar spine with the patient today, and discussed the findings in detail. We specifically discussed the severe adjacent segment degeneration at L1-2, and degeneration at L5-S1.;She is in severe pain, wit; This study is 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 recommend we obtain a CT scan of the thoracic and lumbar spines, to evaluate the bony anatomy, and also to evaluate the prior fusion, for further discussion regarding treatment options.- Recommend referral to Dr. Paulus and Dr. Cayme to evaluate and tr; There has not been any treatment or conservative therapy.; . We specifically discussed the severe adjacent segment degeneration at L1-2, and degeneration at L5-S1.;She is in severe pain, with low back pain and radiating leg pain. With her prior surgeries, I recommend we get a CT scan for further evaluation. Dr. ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72128 Computed tomography, thoracic spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 year; There has not been any treatment or conservative therapy.; Pt has low back pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	2 wk post op with new radicular symptoms; This study is being ordered for a neurological disorder.; 09/24/2020; There has been treatment or conservative therapy.; Right hip and right lower extremity pain-constant and severe; pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	<p>58 year old male presents with long standing neck and back issues including neck pain with position radiating to shoulders and arms with loss of fine motor control. Had C5/C6 surgery but was seeing Dr. PEEK prior to his medical leave and surgery x2 he sta; This study is being ordered for a neurological disorder.; 9/2016; There has been treatment or conservative therapy.; weakness, falls, visual changes, decreased range of motiarms, loss of fine motor control, radiating symptoms into arms; Pain management, diclofenac, acetaminophen, steroid injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	<p>the lumbar spine with the patient today, and discussed the findings in detail. We specifically discussed the severe adjacent segment degeneration at L1-2, and degeneration at L5-S1.;She is in severe pain, wit; This study is 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 recommend we obtain a CT scan of the thoracic and lumbar spines, to evaluate the bony anatomy, and also to evaluate the prior fusion, for further discussion regarding treatment options.- Recommend referral to Dr. Paulus and Dr. Cayme to evaluate and tr; There has not been any treatment or conservative therapy.; . We specifically discussed the severe adjacent segment degeneration at L1-2, and degeneration at L5-S1.;She is in severe pain, with low back pain and radiating leg pain. With her prior surgeries, I recommend we get a CT scan for further evaluation. Dr. ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 year; There has not been any treatment or conservative therapy.; Pt has low back pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Some weakness in the right lower extremity.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	8/2019; There has been treatment or conservative therapy.; slurred speech with weakness tongue with left deviation. 4/5 all extremities with increased reflexes 3 all. Gait N/T. Using wheelchair now. Will get f/u MRI HNC to reeval. Suspect developing a syrinx.; Patient under went surgery 9/2019; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; This study is being ordered for Pre Operative or Post Operative Evaluation	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	2018; There has been treatment or conservative therapy.; Severe headaches syncope and myelopathy; Surgery 6/1/20; This study is being ordered for Neurological Disorder	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Enter answer here - or Type In Unknown If No Info Given. Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given This study is being ordered for Neurological Disorder	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	He is exhibiting "bladder fullness" and "difficulty with emptying his bladder". concerning for myelopathy vs radiculopathy therefore a new MRI of the cervical spine is warranted. multiple falls over the last few months due to legs giving and balance imp; 01/2018; There has been treatment or conservative therapy.; He reports bladder incontinence,bilateral leg pain in the buttocks and posterior thighs up, posterior calf and feet,balance impairment. He reports neck pain, bilateral shoulder pain, triceps, forearm and hand numbness; multiple epidural steroid injections and radiofrequency ablation-SOME physical therapy- DISCONTINUED; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	r duration, patient reports 4 months. For severity, she reports average pain level over the last week 6/10. For quality, she reports aching and sharp.;22 year old s/p SOD 7/19. Doing better. Less N/V. Wound C/D/I, depressed. Some tenderness stiffness par; This study is being ordered for a neurological disorder.; 2019; There has been treatment or conservative therapy.; history of Valsalva headaches and extremity numbness, incooordination, imbalance tinnitus, swallowiing issues, speech issues, neck pain, syncope/ presyncope, orthostatic issues, back pain.; Diagnosed with CHiri I and had SOD with minimal dural scoring. Post op siome improvement but has alot of persistent issues. Recently treted for IIH. Diamox has helped some; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; This study is being ordered for Trauma / Injury	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Multiple Sclerosis describes the reason for requesting this procedure.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without	; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; This study is being ordered for a neurological disorder.; January 2020; There has been treatment or conservative therapy.; Numbness, Back pain, abnormal gait; Gabapentin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 year; There has not been any treatment or conservative therapy.; Pt has low back pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	He is exhibiting "bladder fullness" and "difficulty with emptying his bladder". concerning for myelopathy vs radiculopathy therefore a new MRI of the cervical spine is warranted. multiple falls over the last few months due to legs giving and balance imp; 01/2018; There has been treatment or conservative therapy.; He reports bladder incontinence, bilateral leg pain in the buttocks and posterior thighs up, posterior calf and feet, balance impairment. He reports neck pain, bilateral shoulder pain, triceps, forearm and hand numbness; multiple epidural steroid injections and radiofrequency ablation-SOME physical therapy- DISCONTINUED; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; This is a request for a thoracic spine 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	; 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	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	2 wk post op with new radicular symptoms; This study is being ordered for a neurological disorder.; 09/24/2020; There has been treatment or conservative therapy.; Right hip and right lower extremity pain-constant and severe; pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. Enter date of initial onset here - or Type In Unknown If No Info Given There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given Describe treatment / conservative therapy here - or Type In Unknown If No Info Given This study is being ordered for Neurological Disorder	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 year; There has not been any treatment or conservative therapy.; Pt has low back pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	MRI of the lumbar spine, without contrast, to evaluate for nerve impingement causing right leg 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 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	provider is trying to rule out cancer or infection; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for None of the above	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected tumor with or without metastasis	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	18 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	6 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	14 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	3 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Refer to notes; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	This is a request for a Pelvis MRI.; Surgery is planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	72196 Magnetic resonance (eg, proton) imaging,	This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT	4 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73200 Computed tomography, upper extremity; without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and	request MRI of that hand and wrist to check postsurgical changes of the scarring process specifically around those nerves and specifically the cutaneous branch of the median nerve at the wrist and the digital nerves to the index finger at the level of the; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint;	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	request MRI of that hand and wrist to check postsurgical changes of the scarring process specifically around those nerves and specifically the cutaneous branch of the median nerve at the wrist and the digital nerves to the index finger at the level of the; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	5 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	Enter answer here - or Type In Unknown If No Info Given. This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast	This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has 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 used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	; This study is being ordered for trauma or injury.; 8/4/20; There has been treatment or conservative therapy.; PAIN; 8/4/20; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; severe pain in both feet, equal on both sides and has not responded to conservative treatment; This is a request for a bilateral ankle MRI.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast	This is a request for a foot MRI.; 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.; Surgery or other intervention is not planned for in the next 4 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Abnormal Varus or Valgus stress testing was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	3 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is being ordered for Suspected meniscus, tendon, or ligament injury	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; This study is being ordered for Non-acute Chronic Pain; Swelling greater than 3 days; Surgery is NOT being planned.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not known if surgery or arthroscopy is scheduled in the next 4 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	This is a requests for a hip MRI.; It is not known if the request is for hip pain.; The study is not requested for any of the standard indications for Knee MRI	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; 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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; 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 has a documented limitation of their range of motion.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; Yes, there is a Is there an abdominal and pelvic or retroperitoneal or abdominal mass that has been confirmed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and	; This study is being ordered for Vascular Disease.; 11/11/2019; There has not been any treatment or conservative therapy.; sob; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74175 Computed tomographic angiography, abdomen, with contrast	Yes, this is a request for CT Angiography of the abdomen.	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; There has been treatment or conservative therapy.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	02/13/2019; There has been treatment or conservative therapy.; rising tumor markers, stage IV breast cancer metastatic disease to lymph node, lung; surgery;chemotherapy;hormone therapy;radiotherapy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	06/16/20; There has not been any treatment or conservative therapy.; LARGE BILATERAL LYMPHADENOPATHY; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	07/11/2019; There has been treatment or conservative therapy.; DYSPNEA; CHEMO TREATMENT(TAXOL/CARBO, IMFINZI, AND CURRENTLY GEMZAR; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	08/20/20; There has not been any treatment or conservative therapy.; SHE SAYS SHE FIRST NOTICED HER BREAST BEING DIFFERENT SIZES.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	12/20/2019; There has been treatment or conservative therapy.; CT Chest 4/29/2020;1. Bilateral mastectomies, with residual areas of chest wall scarring, but no findings concerning for local tumor recurrence or metastasis. ;2. Stable mild chronic interstitial lung disease and coronary artery calcifications.; SURGERY.;Left Breast mass core biopsy 6/20/19;Bilateral mastectomies: 12/20/19;right evacuation irrigation, drainage and closure for hematoma of right mastectomy site on 1/10/2020.;;CHEMOTHERAPY;AC, dose dense: Start date: 8/8/19;Perjeta and her; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	dizziness, persistent nausea. MRI brain showed no evidence of mets. elevated Creatin.; There has been treatment or conservative therapy.; See clinicals; Chemotherapy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Enter date of initial onset here - o;r Type In Unknown If No Info Given;02/01/2019; There has been treatment or conservative therapy.; ; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	EVALUATE DISEASE AND RESPONSE TO THERAPY; There has been treatment or conservative therapy.; metastatic adenocarcinoma.; Pericardiocentesis: 3/23/2020;;Chemotherapy;Keytruda/Alimta /Carboplatin; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	FOLLICULAR LYMPHOMA--PT HAD 6COURSES OF BENDAMUSTINE/RITUXAN. PT DUE FOR 3MONTH FOLLOW UP SCANS.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	PT CURRENTLY TAKING FOLFOX. DR WANTING CT SCANS TO ASSESS RESPONSE TO TX.; There has been treatment or conservative therapy.; WEAKNESS; FOLFOX; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	Recurrent Hodgkin's lymphoma of lymph node. Follow-up scans on patient not 6 months off therapy; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	STAGE II MALT LYMPHOMA OF THE TYROID S/P THYROIDECTOMY. PT DUE FOR HER 6MONTH FOLLOW UP SCANS.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not know if this study is being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if there is a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are clinical findings or indications of unexplained abdominal pain in patient over 75 years of age.; Other; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Other; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Enter Additional Clinical Information Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; ; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	7	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	11 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Enter answer here - or Type In Unknown If No Info Given. This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for 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."; Hepatoacellular Carcinoma	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "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."; Pancreatic Neuroendocrine Tumor,	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "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."; RUQ PAIN. ARTHRALGIAS SYMPTOM	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	75557 Cardiac magnetic resonance	This is a request for a heart or cardiac MRI	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of	; This study is being ordered for Vascular Disease.; 11/11/2019; There has not been any treatment or conservative therapy.; sob; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if	Premature coronary artery disease with angioplasty in 2006 when he lived in Florida: He was in his mid to early 30s at that time. He has not had any further cardiac catheterizations. He did undergo a stress echo 9 months ago, which revealed no ischemia; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Yes, this is a request for CT Angiography of the abdominal arteries.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material;	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	77046 Magnetic resonance imaging, breast, without contrast material;	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	: Reports intermittent chest pain and dyspnea with minimal exertion;Status post PCI to the LAD with residual stenosis of the distal LAD;I will order Lexiscan MPI for further risk evaluation;Continue aspirin, Lipitor, and Coreg. ;;2.Hypertension: We; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for None of the above	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient presents with atypical chest pain however given his age and hyperlipidemia he is at intermediate risk for cardiovascular disease; Will get nuclear stress test to further stratify; Patient has murmur consistent with aortic sclerosis.; The patient is not diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; There is no physical restriction to the member's ability to exercise	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at	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 40 or greater	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This is for a preoperative evaluation of a non cardiac surgery involving general anesthesia; This study is being ordered for Preoperative evaluation of a non cardiac surgery involving general anesthesia	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for A cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has been greater than 2 years since the surgery/procedure or last cardiac imaging.	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a Medicare member.; This study is being ordered for Cardiac symptoms including chest pain (angina) and/or shortness of breath; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; There is a physical restriction to the member's ability to exercise	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Breast Cancer; This request is for the initial diagnosis and/or initial staging of axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Melanoma; This request is for initial diagnosis and/or initial staging of regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Colo-rectal Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Colo-rectal Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lung Cancer; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Brain Cancer/Tumor or Mass; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; 2 PET Scans have already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Brain Cancer/Tumor or Mass; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Lymphoma or Myeloma; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Brain Cancer/Tumor or Mass; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This would be the first PET Scan performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Brain Cancer/Tumor or Mass; This Pet Scan is being requested for Subsequent Treatment Strategy (Restaging and Monitoring response to treatment); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>01. Body mass index (BMI) 40.0-44.9, adult;02. SOB (shortness of breath);1. DOE; patient states her SOB had resolved after pci, but has since came back, therefore recommend ischemic eval with pharm MPI and echo. ;2. LE edema; suspicious for venous insu; This study is being ordered for Vascular Disease.; 01. Body mass index (BMI) 40.0-44.9, adult;02. SOB (shortness of breath);1. DOE; patient states her SOB had resolved after pci, but has since came back, therefore recommend ischemic eval with pharm MPI and echo. ;2. LE edema; suspicious for venous insu; There has been treatment or conservative therapy.; DOE; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	<p>93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</p>	<p>65 y/o female presents for medication refills. She states that she has been out of amlodipine for 2 weeks and that is likely why her BP is elevated.; 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</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	bilateral LE edema; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	Patient is diabetic and cad; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 4-6 months since the last echocardiogram.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete,	Patient with known ascending Aortic Aneurysm needs follow up imaging for surveillance. Patient does have afib, but study is needed for the Aneurysm.; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	SOB (shortness of breath) 786.05/R06.02;worsening - seen by Dr Sifford, O2 per NC and CPAP are being adjusted, advised pt to use O2 at all times, started on Trileppta;had CTA in earlier this year - negative;we'll check a CXR and ECHO - previous ECH; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020 7/1/2020	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>This 66 year old female presents for preop TAVR.;Ms. Pope is a 66 yo female with severe AS. She has been evaluated in valve clinic and felt to be a candidate for TAVR, and has completed the appropriate work up. She was referred by Dr. Hallak.;She has be; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.</p>	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020 7/1/2020	Unknown	Approval	<p>93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y</p>	<p>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</p>	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an initial evaluation of suspected valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected valve disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M-	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	9 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for 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 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93307 Echocardiograph y, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of 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.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	7 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	23 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	will upload clinicals; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode	This is a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using	The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for known Coronary Artery Disease.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	13 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Approval	G0297 LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; It is unknown if Surgery will occur in the next 30 days	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	48 year old female diagnosed with Chiari I 5 or 6 years ago but held off surgery as she was able to avoid strenuous activity and only had a few episodes a year. It has been stable but she has begun to develop left tinnitus and significant hearing loss of; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	evaluation of falls since past year. Falls she reported is has been doing on for past about a year and she came to the ER in Nov after one which resulted in ankle sprain. She has been seeing ortho and had a boot on. She reported RLE weakness and shooting ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	Patient is experiencing blurred vision, migraines & a lump & indentation at her surgery site; This study is being ordered for a neurological disorder.; 10/1/2019; There has been treatment or conservative therapy.; blurred vision, migraines, dizziness. States theres a lump and indention at the incision site.; surgery-ranietomy, suboccipital; exploration/decompression, cranial nerves; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem)	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	5 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Headache best describes the reason that I have requested this test.; Chronic headache, longer than one month describes the headache's character.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes the reason that I have requested this test.; It is unknown if the patient's Multiple Sclerosis is known or suspected.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Known or suspected seizure disorder best describes the reason that I have requested this test.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	patient states his eye doctor was going to order CT of chest without contrast for a pulmonary nodule that was on previous records they received from Conway regional .; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	PT WITH PURE RED CELL APLASIA. THIS CAN HAVE MULTIPLE CAUSES INCLUDING THYMOMA. CT CHEST NEEDED FOR WORK 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.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	see chart notes; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Chest pain. Patient reports this is associated with numbness of the left upper extremity. He reports this usually occurs when driving a tractor. There is no associated shortness of breath, palpitations, edema, or diaphoresis. He reports the symptoms s; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72125 Computed tomography, cervical spine;	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	pain is located in both knees cervical area right shoulder right upper extremity as well symptoms suggest radiculopathy. Long-standing history of similar problems many years. Never had been diagnosed with myalgia; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72125 Computed tomography, cervical spine;	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	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	TO EVALUATE THE PAIN RADIATING TO LOWER EXTREMITIES; This study is being ordered for a neurological disorder.; UNKNOWN; There has been treatment or conservative therapy.; PAIN; MEDSPHROME EXERCISES; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	TO EVALUATE THE PAIN RADIATING TO LOWER EXTREMITIES; This study is being ordered for a neurological disorder.; UNKNOWN; There has been treatment or conservative therapy.; PAIN; MEDSPHROME EXERCISES; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72131 Computed tomography, lumbar spine;	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	pain is located in both knees cervical area right shoulder right upper extremity as well symptoms suggest radiculopathy. Long-standing history of similar problems many years. Never had been diagnosed with myalgia; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Trauma or recent injury; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; DocThe accident occurred 3 to 5 days ago. Fall occurred: getting up from chair. The symptoms are aggravated by ambulation.ument exam findings; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; ; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	TO EVALUATE THE PAIN RADIATING TO LOWER EXTREMITIES; This study is being ordered for a neurological disorder.; UNKNOWN; There has been treatment or conservative therapy.; PAIN; MEDSPHOME EXERCISES; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	With her lumbar spine she has prior anterior fusion L4-5 and L5-S1. Will obtain CT scan for fusion assessment as well as a new MRI as she does have increased heaviness and fatigue in the legs.; This study is being ordered for a neurological disorder.; 07/29/2020; There has been treatment or conservative therapy.; She has mostly lower back pain and she has been having increased muscle spasm in the lower back. She has tingling in the legs as well. She feel overall heaviness.; Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; ; This study is being ordered for Other	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	; ; There has not been any treatment or conservative therapy.; ; ; This study is being ordered for Other	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 8/4/20; There has been treatment or conservative therapy.; PAIN; 8/4/20; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	. s/p partial laminectomy with bilateral medial facetectomies and foraminotomies at 3 levels, L2-L3, L3-L4, L4-L5 in May 2019. C5-7 ACDF in Jan 2019. He reports he still has tingling in the long, ring, and small fingers of both hands. He continues to h; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	5/27/2020 Lumbar Spine x ray indicated degenerative changes and mild depression of the superior endplates L1-L2 and T12 and T11. Diffuse osteopenia. Radiologist recommended MRI or bone scan for further evaluation.; Stiff through lower back and into hip decreased range of motion of right. Abnormal Stiff gait.; There has been treatment or conservative therapy.; Patient is a 64-year-old female with a history of significant back pain radiating into the right hip. Patient had x-ray showing superior endplate disease L1 and L2 as well as T12 and T11 with osteopenia and significant arthritic changes throughout. Patien; Hip traMADol HCl 50 MG tablet twice a day-take twice daily as needed, 30 days, 0 refills;Patient's morbid obesity was discussed and give water eercises and decreased carbs. Prescribed Robaxin and given a Tordal shot on 5/27/2020; This study is being ordered for Neurological Disorder	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Cervical pain with extension and flexion.;Numbness in the distribution of her median nerve down her hand.;Lower extremity radiculopathy down right side down to her foot with nerve pain. ;Has had injections and Physical Therapy with not much relief if a; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Check the pathology as to what is causing this radicular pain for this patient.; 2008; There has been treatment or conservative therapy.; -Cervical Radiculopathy bilateral to upper extremities with burning and tingling, as well as numbness.;-Lumbar Radiculopathy radiating down right lower extremity.;-Slow gait that favors right side.;-Positive right straight leg test.; -Chiropractic Therapy;-Injections;-Medication Therapy;- Back surgery/fusion; This study is being ordered for Other	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	For associated symptoms, patient reports bowel/bladder changes: new __. For duration, she reports 7 years. For frequency, she reports constantly. For severity, she reports average pain level over the last week 4/10. For timing, she reports gradual onset. ; 2013; It is not known if there has been any treatment or conservative therapy.; left tinnitus and significant hearing loss of indeterminate origin. recent MRI head read as no Chiari but it is still present on my review. Has had syncope episodes and tachycardia and bouts of urinary frequency. Incoordination/viual issues as well as s; This study is being ordered for Neurological Disorder	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is experiencing blurred vision, migraines & a lump & indentation at her surgery site; This study is being ordered for a neurological disorder.; 10/1/2019; There has been treatment or conservative therapy.; blurred vision, migraines, dizziness. States theres a lump and indention at the incision site.; surgery-ranietomy, suboccipital; exploration/decompression, cranial nerves; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; It is unknown if the patient has a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient does not have any of the above listed items; The pain did NOT begin within the past 6 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did NOT begin within the past 6 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	4 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020 7/1/2020	Unknown	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material Radiology Services Denied Not Medically Necessary	<p>X-rays reviewed of patient's back showing levoscoliosis we will get a C-spine x-ray. Will also get MRI of C-spine and T-spine due to continued pain after physical therapy and anti-inflammatories. Neither have improved symptoms. Will send in tizanidineThe ; Patient has had a history of neck and back pain she has mild levoscoliosis in her thoracic spine we have not an x-ray of her neck as this is become worse lately. Patient states she has had physical therapy twice which has not improved it. She has also tak; There has been treatment or conservative therapy.; X-rays reviewed of patient's back showing levoscoliosis we will get a C-spine x-ray. Will also get MRI of C-spine and T-spine due to continued pain after physical therapy and anti-inflammatories. Neither have improved symptoms. Will send in tizanidineThe ; Patient has had a history of neck and back pain she has mild levoscoliosis in her thoracic spine we have not an x-ray of her neck as this is become worse lately. Patient states she has had physical therapy twice which has not improved it. She has also tak; This study is being ordered for Other</p>	1 2020 Jul-Sep 2020
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7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	5/27/2020 Lumbar Spine x ray indicated degenerative changes and mild depression of the superior endplates L1-L2 and T12 and T11. Diffuse osteopenia. Radiologist recommended MRI or bone scan for further evaluation.; Stiff through lower back and into hip decreased range of motion of right. Abnormal Stiff gait.; There has been treatment or conservative therapy.; Patient is a 64-year-old female with a history of significant back pain radiating into the right hip. Patient had x-ray showing superior endplate disease L1 and L2 as well as T12 and T11 with osteopenia and significant arthritic changes throughout. Patien; Hip traMADol HCl 50 MG tablet twice a day-take twice daily as needed, 30 days, 0 refills;Patient's morbid obesity was discussed and give water eercises and decreased carbs. Prescribed Robaxin and given a Tordal shot on 5/27/2020; This study is being ordered for Neurological Disorder	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	For associated symptoms, patient reports bowel/bladder changes: new __. For duration, she reports 7 years. For frequency, she reports constantly. For severity, she reports average pain level over the last week 4/10. For timing, she reports gradual onset. ; 2013; It is not known if there has been any treatment or conservative therapy.; left tinnitus and significant hearing loss of indeterminate origin. recent MRI head read as no Chiari but it is still present on my review. Has had syncope episodes and tachycardia and bouts of urinary frequency. Incoordination/viual issues as well as s; This study is being ordered for Neurological Disorder	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	LEFT LOWER BACK PAIN AND LEFT LEG PAIN; INCREASING BACK PAIN WITH RADICULAR SYMPTOMS; There has been treatment or conservative therapy.; LEFT LOWER BACK PAIN AND LEFT LEG PAIN; HYDROCODONE AND OXYCODONE AS NEEDED FOR PAIN; This study is being ordered for Other	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	X-rays reviewed of patient's back showing levoscoliosis we will get a C-spine x-ray. Will also get MRI of C-spine and T-spine due to continued pain after physical therapy and anti-inflammatories. Neither have improved symptoms. Will send in tizanidineThe ; Patient has had a history of neck and back pain she has mild levoscoliosis in her thoracic spine we have not an x-ray of her neck as this is become worse lately. Patient states she has had physical therapy twice which has not improved it. She has also tak; There has been treatment or conservative therapy.; X-rays reviewed of patient's back showing levoscoliosis we will get a C-spine x-ray. Will also get MRI of C-spine and T-spine due to continued pain after physical therapy and anti-inflammatories. Neither have improved symptoms. Will send in tizanidineThe ; Patient has had a history of neck and back pain she has mild levoscoliosis in her thoracic spine we have not an x-ray of her neck as this is become worse lately. Patient states she has had physical therapy twice which has not improved it. She has also tak; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	; ; There has been treatment or conservative therapy.; ; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	; ; There has not been any treatment or conservative therapy.; ; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	. s/p partial laminectomy with bilateral medial facetectomies and foraminotomies at 3 levels, L2-L3, L3-L4, L4-L5 in May 2019. C5-7 ACDF in Jan 2019. He reports he still has tingling in the long, ring, and small fingers of both hands. He continues to h; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Cervical pain with extension and flexion.;Numbness in the distribution of her median nerve down her hand.;Lower extremity radiculopathy down right side down to her foot with nerve pain. ;Has had injections and Physical Therapy with not much relief if a; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	Check the pathology as to what is causing this radicular pain for this patient.; 2008; There has been treatment or conservative therapy.; -Cervical Radiculopathy bilateral to upper extremities with burning and tingling, as well as numbness.;-Lumbar Radiculopathy radiating down right lower extremity.;-Slow gait that favors right side.;- Positive right straight leg test.; -Chiropractic Therapy;-Injections;-Medication Therapy;- Back surgery/fusion; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	evaluation of falls since past year. Falls she reported is has been doing on for past about a year and she came to the ER in Nov after one which resulted in ankle sprain. She has been seeing ortho and had a boot on. She reported RLE weakness and shooting ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	LEFT LOWER BACK PAIN AND LEFT LEG PAIN; INCREASING BACK PAIN WITH RADICULAR SYMPTOMS; There has been treatment or conservative therapy.; LEFT LOWER BACK PAIN AND LEFT LEG PAIN; HYDROCODONE AND OXYCODONE AS NEEDED FOR PAIN; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Focal extremity weakness	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	18 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	4 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	6 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	With her lumbar spine she has prior anterior fusion L4-5 and L5-S1. Will obtain CT scan for fusion assessment as well as a new MRI as she does have increased heaviness and fatigue in the legs.; This study is being ordered for a neurological disorder.; 07/29/2020; There has been treatment or conservative therapy.; She has mostly lower back pain and she has been having increased muscle spasm in the lower back. She has tingling in the legs as well. She feel overall heaviness.; Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72192 Computed tomography, pelvis; without contrast material	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.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Patient was seen for the first time over a year ago with plaque psoriasis and questionable psoriatic arthritis given complaints of lower back pain and symptoms of radiculopathy. Pt was scheduled for MRI of Bil SI Joints, for which she did not do for citin; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	Pt is diagnosed with psoriatic arthritis and lower back pain with radiculopathy. Pain has worsened within the last few months. Stiffness in L-spine. Physician would like to view bilateral SI joints.; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for arthritis.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020 7/1/2020	Unknown	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	<p>She is had the injections and she does take anti-inflammatories and uses the creams and they are not enough to help; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9-9-2019; There has been treatment or conservative therapy.; Pain she describes is just like sharp aching pain its in her wrist but she can feel it all the way up even towards her shoulders.Bilateral wrist pain with x-ray findings that could be bilateral ulnar abutment syndromes.; 8-7-2020;We injected 1 cc of Kenalog and 1 cc of half sent Marcaine plain in each wrist.;;She has splints and we discussed activity modifications which she is already been doing for some time. She is had the injections and she does take anti-inflammato; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	2 2020 Jul-Sep 2020
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7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	Our first step will be MRI, arterial duplexes with fingertip pressures, and a tagged white cell scan. We will see her back after all these tests to go over the findings as we are looking to rule out infection, assess the blood flow for wound healing, and ; This study is being ordered for Inflammatory/ Infectious Disease.; June 2018; There has been treatment or conservative therapy.; She has numbness throughout that area, has a slight delayed cap refillTips of the skin sloughed off It sounds like it was chemical burns to the bilateral long fingers and the right index finger. That happened over 2 years ago. Tips of the skin sloughed of; conservative treatment with previous splinting and activity modifications but symptoms persisted.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	3 views of the left wrist do show an ulnar positive variance. Left wrist pain more radial than ulnar, with swelling. 1 year history, worsening over the last couple months. Now affecting function and comfort. He is tried rest and anti-inflammatories and di; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; It is not known if the physician has directed conservative treatment for the past 4 weeks.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	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 not experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73700 Computed tomography, lower extremity; without contrast material	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 has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	Radiology Services Denied Not Medically Necessary	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is 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.; Achilles tendinosis; This is a request for a bilateral ankle MRI.	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	patient has been dealing with pain in the knees but has now got to where she is having trouble walking.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; patient is to the point she can not walk due to pain in knee; There has been treatment or conservative therapy.; patient having pain in knees to the point she can not walk; patient has tried nsaid, steroid and home pt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	SEE CLINICALS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with crutches for at least 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered to rule out tarsal coalition.; The patient has had foot pain for over 4 weeks.; The patient has been treated with orthotics for at least 6 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; A CT (knee or other) showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with an Ace bandage; The ordering MDs specialty is NOT Orthopedics.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or physician supervised home exercise in the past 3 months	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being treated with a Wheel chair; The ordering MDs specialty is NOT Orthopedics.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if there is a suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint;	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),	Radiology Services Denied Not Medically Necessary	This is not a pulsatile mass.; There is not a suspicion of an infection.; 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.; Non Joint is being requested.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 12/23/2019; There has been treatment or conservative therapy.; bilateral hip pain, burning, slicing feeling.; PT, NSAIDs, Bracing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Sickle Cell Pain Crisis ;Location: Hip;Severity: Moderate;Chronicity: Chronic;Relieved by: Nothing;Worsened by: Movement and activity;Positive for arthralgias and gait problem.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This chronic pain has been treated with nsaids and pain medicine. Not getting any better.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a 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.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of Diabetic patient with gastroparesis.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; It is not known if surgery is planned for within 30 days.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff,	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	Radiology Services Denied Not Medically Necessary	chest pain, palpitations, shortness of breath, diaphoresis, dizziness and near syncope.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional	Radiology Services Denied Not Medically Necessary	female with history that includes COPD, type 2 diabetes, hyperlipidemia, suddenly developed dizziness, palpitations, chest pressure with diaphoresis and shortness of breath; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall	Radiology Services Denied Not Medically Necessary	Pertinent history includes: HTN, HLD, family history of CAD, syncope.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This 64 year old female presents for Chest Pain and Dizziness.;Ms. Williams is a 64 yo female with no known hx of CAD. PMH of hypertension, hyperlipidemia, and DM. She presents to clinic today for further evaluation of chest pain, however, states this ha; This study is being ordered for Vascular Disease.; 01. Body mass index (BMI) 26.0-26.9, adult;02. Secondary hypertension;03. Dizziness;1. Chest pain; atypical and likely musculoskeletal, but given her history will proceed with pharm MPI and echo to evaluate for ischemia. ;2. Hypertension; controlled. ; There has not been any treatment or conservative therapy.; chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for Breast Cancer; This request is for the initial diagnosis and/or initial staging of axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; 1 PET Scans has already been performed on this patient for this cancer.; This is a Medicare member.; This study is being requested for None of the above; This Pet Scan is being ordered for something other than Prostate, Cervical, Breast Cancer or Melanoma; This study is being requested for Other, not listed above; This Pet Scan is being requested for Brain Cancer/Tumor or Mass; This Pet Scan is being requested for Initial Treatment Strategy (Diagnosis and/or Staging); This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; 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 Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; 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 Head/Neck/Brain Cancer, Tumor or Mass.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT)	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; This is NOT a Medicare member.; A sentinel biopsy was NOT performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral or color Doppler echocardiograph y	Radiology Services Denied Not Medically Necessary	This 64 year old female presents for Chest Pain and Dizziness.;Ms. Williams is a 64 yo female with no known hx of CAD. PMH of hypertension, hyperlipidemia, and DM. She presents to clinic today for further evaluation of chest pain, however, states this ha; This study is being ordered for Vascular Disease.; 01. Body mass index (BMI) 26.0-26.9, adult;02. Secondary hypertension;03. Dizziness;1. Chest pain; atypical and likely musculoskeletal, but given her history will proceed with pharm MPI and echo to evaluate for ischemia. ;2. Hypertension; controlled. ; There has not been any treatment or conservative therapy.; chest pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	93307 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed, complete, without spectral	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 11 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Unknown	Disapproval	93350 Echocardiograph y, transthoracic, real-time with image documentation (2D), includes M- mode recording, when performed,	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	71250 Computed tomography, thorax; without contrast material		"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	71250 Computed tomography, thorax; without contrast material		01/08/2020; There has been treatment or conservative therapy.; Scrotal pain; Left orchiectomy on 9/3/20; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	71250 Computed tomography, thorax; without contrast material		7/14/20; There has not been any treatment or conservative therapy.; none; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	71250 Computed tomography, thorax; without contrast material	7/30/2020; There has been treatment or conservative therapy.; Renal Failure. PSA is elevated.; Medication.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	71250 Computed tomography, thorax; without contrast material	Clinicals faxed.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	71250 Computed tomography, thorax; without contrast material	LUNG NODULE; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	72192 Computed tomography, pelvis; without contrast material	It is not known if 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."; 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.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	72192 Computed tomography, pelvis; without contrast material	surgery, bladder injury from coloscopy has been replaced; There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT ; The surgery being considered is NOT a hip replacement surgery.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	72192 Computed tomography, pelvis; without contrast material	The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	.prostate cancer eval; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	DO EVALUATE FOR PROSTATE CANCER DUE TO ELEVATED PSA; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	ELEVATED PSA 21.92 WITH BENIGN PROSTATE BIOPSY; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	ELEVATED PSA PROSTATE CANCER; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with	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	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	PROSTATE CANCER; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Renal cell carcinoma of right kidney; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	10	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	RENAL CYST; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	Right complex renal cyst; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study is ordered for something other than staging of a known tumor (not) prostate, known prostate CA with PSA> 10, abdominal mass, Retroperitoneal mass or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; Yes, there is a Is there an abdominal and pelvic or retroperitoneal or abdominal mass that has been confirmed.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	01/08/2020; There has been treatment or conservative therapy.; Scrotal pain; Left orchiectomy on 9/3/20; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	7/14/20; There has not been any treatment or conservative therapy.; none; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	7/30/2020; There has been treatment or conservative therapy.; Renal Failure. PSA is elevated.; Medication.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	12 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: Renal calculi, kidney or ureteral stone (system matched response); kidney stone; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if 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 Rule out metastases; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); bladder cancer; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: Organ enlargement (system matched response); HYDRONEPHROSIS; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without	This is a request for an Abdomen and Pelvis CT.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT	37 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; LEFT RENAL CYSTS.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; RENAL CYST; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; unknown; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	29 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	24 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; 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 new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; It is not known if there is a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	3 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There has NOT been a recent (within the last 3 months) Abdomen and/or Pelvis CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; yes, there is a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	3 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic 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 results are unknown.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	5 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	57 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT ; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	17 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; 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."; will fax	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is no ultrasound or plain film evidence of an abdominal organ enlargement.; The Ct was performed on 7/23/2020 and there was a mass located	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Abdominal pain, follow up for renal mass.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a tumor.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is 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.; SEE CLINICALS	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	05-31-2016; There has been treatment or conservative therapy.; follow up care, annual follow up; partial nephrectomy in 2015; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; There has not been any treatment or conservative therapy.; Testicular Mass N50.89/ Hematuria; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 9/17/2020; There has been treatment or conservative therapy.; spastic neurogenic bladder; medications; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given. 9/17/2020; There has been treatment or conservative therapy.; spastic neurogenic bladder; medications; This study is being ordered for Other	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	72192 Computed tomography, pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Kidney stone; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	2	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT ; This is NOT a Medicare member.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	05-31-2016; There has been treatment or conservative therapy.; follow up care, annual follow up; partial nephrectomy in 2015; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); unknown; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); will fax; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); Flank Pain, Elevated PSA; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE (system matched response); RENAL CYST; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	2 2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT ; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; There has not been any treatment or conservative therapy.; Testicular Mass N50.89/ Hematuria; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination?; This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Urology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Vascular Surgery	Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This 68 year old male presents for pvd.;68-year-old male followed for peripheral vascular disease. He had a right external iliac artery stent in February 2020 and is doing fantastic with no return of claudication symptoms. He had normal ABIs post proce; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Vascular Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	5.8cm artery aneurysm that needs to be repaired.; This study is being 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.; ; Surgery.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Vascular Surgery	Approval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This 68 year old male presents for pvd.;68-year-old male followed for peripheral vascular disease. He had a right external iliac artery stent in February 2020 and is doing fantastic with no return of claudication symptoms. He had normal ABIs post proce; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Vascular Surgery	Approval	71250 Computed tomography, thorax; without contrast material	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT ; Continued; This is NOT a request for evaluation and or treatment for a member demonstrating symptoms of Covid-19 (Coronavirus).	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	5.8cm artery aneurysm that needs to be repaired.; This study is being 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.; ; Surgery.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	46 y.o. female s/p R axillary stent on 4/2019, after she sustained an injury after being involved in a MVC. Previous velocities were elevated, however, today the stent was unable to be visualized d/t scar tissue. Will get CTA RUE and chest to r/o occlusi; This study is being ordered for trauma or injury.; 04/2019; There has been treatment or conservative therapy.; elevated velocities;NERVE PAIN;arthralgias;myalgias; CHEST PHYSIOTHERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Vascular Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	patient history of systematic type B aortic dissection hypertensionstatus post TEVRchecking for stability of stint and endo leak; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/3/2019; There has been treatment or conservative therapy.; hypertension; had a stint put in surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Vascular Surgery	Approval	73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	46 y.o. female s/p R axillary stent on 4/2019, after she sustained an injury after being involved in a MVC. Previous velocities were elevated, however, today the stent was unable to be visualized d/t scar tissue. Will get CTA RUE and chest to r/o occlusi; This study is being ordered for trauma or injury.; 04/2019; There has been treatment or conservative therapy.; elevated velocities;NERVE PAIN;arthralgias;myalgias; CHEST PHYSIOTHERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Vascular Surgery	Approval	73700 Computed tomography, lower extremity; without contrast material	This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1	2020	Jul-Sep 2020

7/1/2020 - 9/30/2020	7/1/2020	Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	patient history of systematic type B aortic dissection hypertensionstatus post TEVRchecking for stability of stint and endo leak; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/3/2019; There has been treatment or conservative therapy.; hypertension; had a stint put in surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Vascular Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with	This is a request for CT Angiography of the Abdomen and Pelvis.	7	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Vascular Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, 93307	Yes, this is a request for CT Angiography of the abdominal arteries.	2	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Vascular Surgery	Approval	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording,	This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Vascular Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;	Radiology Services Denied Not Medically Necessary	1	2020	Jul-Sep 2020
7/1/2020 - 9/30/2020	7/1/2020	Vascular Surgery	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and	Radiology Services Denied Not Medically Necessary	1	2020	Jul-Sep 2020